

eurocare

European Alcohol Policy Alliance

What's not on the bottle?

Eurocare Reflections On Alcohol Labelling

2014



The European Alcohol Policy Alliance (EUROCARE) is an alliance of non-governmental and public health organisations with 57 member organisations across 25 European countries advocating prevention and reduction of alcohol related harm in Europe. Member organisations are involved in advocacy and research, as well as in the provision of information and training on alcohol issues and the service for people whose lives are affected by alcohol problems.

The mission of Eurocare is to promote policies to prevent and reduce alcohol related harm, through advocacy in Europe. The message, in regard to alcohol consumption is “less is better”.

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SUMMARY

Eurocare considers that labelling should be part of a comprehensive strategy to provide information and educate consumers about alcohol, and should be part of integrated policies and programmes to prevent and reduce the harm done by alcohol.

Consumers have the right to know the ingredients contained in the alcoholic beverages they drink.

Listing the ingredients contained in a particular beverage alerts the consumer to the presence of any potentially harmful or problematic substances. Even more importantly, providing nutritional information such as energy content allows consumers to monitor their diets better, and makes it easier to keep a healthy lifestyle.

Labels need to be regarded as an opportunity for impact over time, rather than setting the expectation that they will affect immediate behavioural change.

Eurocare would like to call on the European decision and policy makers to work towards:

- Prompt inclusion of a list of ingredients and nutritional information (i.e. energy) on containers
- Providing information on the labels of the health impact, which should be:
 - Placed in a standard location on the container
 - Parallel on the base of the container
 - Clearly separate from other information on the label (i.e. be placed in boxes with thick borders)
 - Size should be determined by minimum percentage of the size of the container
 - Written in capital letters and bold type
 - Appear on contrasting background (i.e. red bold type on white)
 - Rotating and with sufficient vividness and strength to attract consumers
 - Use images that are informational in style and taken from other ongoing education campaigns
 - In the official language(s) of the country in which the product is sold
 - Determined by the European Institution/ Agency or Ministers of Health (i.e. a public body not a private agency)

Eurocare strongly believes that it is the right of the consumers to be allowed to make informed choices about the products they purchase and that it is the obligation of public institutions to ensure consumers are able to make informed choices.

WHY SHOULD WE CARE ABOUT ALCOHOL?

Consuming alcohol has long been a part of European culture, however with the advances of modern medicine, we have become more aware of the risks that this consumption carries.

When it comes to alcohol consumption there is no entirely risk free level of consumption. Moreover, the often stated protective effects of alcohol are hugely overestimated. The detrimental effects of alcohol far outweigh any potential protective benefits. When it comes to alcohol consumption Eurocare fully follows and supports the World Health Organisation (WHO) message that **less is better**.

Worldwide 5,9% (3.3 million), or 1 in every 20 deaths, are attributable to alcohol consumption; 5,1% of the global burden of disease and injury is also attributable to alcohol as measured in disability adjusted life years (DALYs)⁽¹⁾. There is a casual relationship between alcohol consumption and more than 200 health conditions, including more than 30 where alcohol is the primary cause.

Alcohol consumption can cause substance dependence as well as different types of diseases and conditions, including:

- Physical injuries
- Mental and behavioural disorders
- Gastrointestinal conditions
- Cancers
- Cardiovascular diseases
- Immunological disorders
- Skeletal and muscular diseases
- Reproductive disorders and prenatal harm
- Increased risk of prematurity and low birth weight

Alarmingly, Europe has the highest levels of alcohol consumption and suffers the highest levels of alcohol-related harm. The European Union is the heaviest drinking region in the world; adults (15+ years) drink 10.2 litres of pure alcohol per year. Alcohol is a key health determinant and is responsible for 7, 4% of all ill-health and early death in Europe, which makes it the third leading risk factor after tobacco and high blood pressure⁽²⁾. Furthermore, the social cost of alcohol in the EU is calculated to be around €155.8 billion on a yearly basis⁽³⁾.

⁽¹⁾ World Health Organisation (2014) Global status report on alcohol and health

⁽²⁾ Rehm, J. And R. Room, The global burden of disease attributable to alcohol, tobacco and illicit drugs, in Preventing Harmful Substance Use: The evidence base for policy and practice, T. Stockwell, Gruenewald, P., Toumbourou, J. and Loxely, W., Editor 2005, John Wiley&Sons Ltf, Chechester, UK

⁽³⁾ Rehm, J. et al (2012) Interventions for alcohol dependence in Europe: A missed opportunity to improve public health

WHY DOES EUROCARE CARE ABOUT ALCOHOL LABELS?

Product labels can serve a number of purposes: providing information about the product to the consumer, enticing the consumer to buy the product, and informing them of the dangers and health risks from the product.

When a consumer drinks an alcoholic beverage is it highly unlikely that he or she knows exactly what they are drinking, unless they go through the effort of searching the details on the company's website.

Providing full information about the product enables consumers to make informed choices, and ensures that the consumers know what is in the product they are spending their money on.

Listing the ingredients contained in a particular beverage alerts the consumer to the presence of any potentially harmful or problematic substances. Even more importantly, providing the nutritional information such as energy content allows consumers to monitor their diets better, and makes it easier to keep a healthy lifestyle.

Consumers should also be informed about the risks associated with alcohol consumption: damages to health (liver cirrhosis, cancers) risk of dependence, dangers associated with drinking alcohol during pregnancy, when driving, operating machinery and when taking certain medication.



PART I: WHAT IS IN YOUR BOTTLE?

Ingredients and nutritional information listing

Alcoholic drinks are generally a product of yeast fermentation of staple foods such as grains, grapes, or potatoes. In addition to alcohol and water, alcoholic beverages contain naturally occurring or naturally produced chemical substances (micronutrients and macronutrients).

Apart from alcohol (ethanol) and some levels of higher spirits, there are also quantities of organic acids such as: carboxylic acids, tartaric acids, malic acid, citric acid. To a lesser extent one can find: succinic, benzoic, cinnamic and gluconic acids. In terms of nutrient composition of alcoholic beverages, they contain: water, carbohydrates, nitrogenous matter (proteins and amino acids).

There are also a number of commonly utilised additives in alcoholic drinks production process, with the aim to facilitate the process or enhance the taste of the final product. They include: sulphur dioxide, potassium bisulfite, preservative and clarifying agents, pesticide residues.⁽⁴⁾

Currently, European Union regulations allow for more than 50 different flavouring, additives, preservatives and agents to be added to alcoholic beverages.

Energy

Alcoholic drinks are made by fermenting and distilling natural starch and sugar. Being high in sugar means alcohol contains a considerable number of calories, with an energy content of 7.1 kilocalories per gram – only fat has higher energy value per gram (9kcal/g). Studies in the UK have shown that alcohol accounts for nearly 10% of the calorie intake amongst adults who drink.⁽⁵⁾ Therefore, daily energy intake may rise considerably when alcohol is consumed.⁽⁶⁾

Drinking alcohol also reduces the amount of fat the body burns for energy. While nutrients, protein, carbohydrates, and fat can be stored in the body, alcohol cannot. As a result the body prioritises getting rid of the alcohol from its system, meaning that all other processes that should be taking place, including the absorption of nutrients and burning fat, are interrupted.

Not surprisingly there are clear associations between alcohol and obesity, although these are also heavily influenced by lifestyle, genetic and social factors.⁽⁷⁾

⁽⁴⁾ Boyle P et al (2013) Alcohol: Science, Policy, and Public Health. Oxford: Oxford University Press
To see the full listing of authorised food additives see Annex II of Regulation 1333/2008 As retrieved from: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:354:0016:0033:en:PDF>

⁽⁵⁾ Bates B, Alison Lennox in Obesity and alcohol; an overview (2012) National Obesity Observatory, NHS

⁽⁶⁾ Dennis EA, Flack KD, Davy BM. Beverage consumption and adult weight management: A review. Eating Behaviors 2009;10(4):237

⁽⁷⁾ Ibid.

An average glass of beer (250ml),  5% alcohol has around 110 calories

An average glass of red wine (125ml),  13% alcohol has around 115 calories

An average drink of whiskey (25ml),  40% alcohol has around 110 calories ⁽⁸⁾

However, many people are not aware of the energy contained in alcoholic drinks they consume and have limited possibility to easily tracking them.

Allergens

Many substances are added to food and drink for a number of technical reasons, ranging from colouring and flavouring to nutrient and antimicrobial purposes. These ingredients are sometimes implicated as causative in food allergies and intolerances, and a range of food additives, including various salts of sulphite and tartrazine, have been implicated in food intolerances.

In order to better inform consumers who suffer from food allergies, EU directives have established guidelines for compulsory labelling of a variety of potentially allergenic substances contained in foodstuffs.

In 2012, Regulation 579/2012 required listing of: (i) eggs and egg based products, (ii) sulphites/ sulphites, (iii) milk and milk based products in wine. In order to improve the readability of the information provided to consumers listing might be accompanied by pictograms.



The Current State of Play for Alcohol Labelling

Alcoholic beverages in the European Union are affected by vertical regulation specifically applicable to their sector; this is mainly the case for wine and spirits. They are also covered by various horizontal regulations such as:

- Labelling of foodstuffs
- Nutrition and health claims
- Authorised food ingredients (additives, flavourings, enzymes)
- Chemical safety (contaminants, pesticide residues, food contact material)
- Food hygiene

⁽⁸⁾ That data was taken for beer Heineken and whisky Jack Daniels, as retrieved from: Drinkaware.co.uk

However, it has to be highlighted that none of these regulations informs the consumer of the ingredients that can be found in alcoholic drinks or any important health related information i.e. calories, sugars etc.⁽⁹⁾

As it stands, alcohol labels in the European Union must include the following information:

- The name under which the product is sold
- No trademark or brand name may substitute for the generic name, but may be used in addition
- The net quantity of pre-packaged beverage in metric units (e.g. millilitres, centilitres, litres)
- Indication of the acquired alcoholic strength; the labelling of beverages containing more than 1.2% by volume of alcohol must indicate the actual alcoholic strength by volume (i.e. showing the word "alcohol" or the abbreviation "alc." followed by the symbol "% vol.")
- Date of minimum durability; this must consist of day, month, and year – in that order – and be preceded by the words "best before," "best before end," or "use by" for highly perishable goods
- Instructions of use, where appropriate
- Any special conditions for keeping or use
- The name or business name and address of the manufacturer, packager, or importer established in the EU
- Place of origin or provenance
- Lot marking on pre-packaged beverages, with the marking preceded by the letter "L"

A Missed Opportunity:

Provision of Food Information to Consumers Legislation in the EU

The EU Regulation 1169/2011 on the provision of food information to consumers has made considerable changes to the food labelling legislation. The vote was a culmination of some very heated debates over a number of contentious issues.

Unfortunately, **it has exempted alcoholic beverages** (containing more than 1,2% by volume) **from the obligation to provide information to consumers** – they do not have to list their ingredients or provide nutritional information.

Disappointingly, European consumers might be left to wonder what is in their drinks or how much energy they are consuming for the foreseeable future.

After the vote, Mr. John Dalli, the EU Commissioner for Health and Consumer Policy at the time, declared: *'I also regret to see that alcoholic beverages have been at this stage*

⁽⁹⁾ For the full list of additives, processing aids and physical processes which may be used to produce wine see Annex IA of Regulation 606/20099. For list of authorised food additives for alcoholic beverages, please see Annex II to Regulation 1333/2008

exempted from the ingredient and nutrition labelling requirements. I will however strive to ensure that we strike the right balance when we re-examine the issue in the near future’.

This was echoed by one of the shadow Rapporteur working on the file, Carl Schlyter (Greens/EFA): *‘(...) we are very unhappy about full exemption for alcoholic beverages especially since many are unaware of the high calorie content of alcoholic drinks’.*

By 13 December 2014, the Commission shall produce a report concerning the application of Regulation 1169/2011 and address whether alcoholic beverages should in future be covered, in particular, by the requirement to provide information on the energy content and the reasons justifying possible exemptions, taking into account the need to ensure coherence with other relevant Union policies. In this context the Commission shall consider the need to propose a definitive definition of ‘alcopops’.



PART II: WHAT MESSAGE SHOULD BE ON THE BOTTLE?

Health related information

Alcohol product labelling is an important component of a comprehensive public health strategy to reduce alcohol-related harms. Adding health labels to alcohol containers is an important first step in raising awareness, and has a longer-term social utility in helping to establish a social understanding that alcohol is a special and hazardous commodity.

Labelling provides a unique opportunity for governments to disseminate health promotion messages at the point of sale and point of consumption. Health information labels would only have a small burden to public expenditure, but provide a direct informational tool to remind of risks associated with alcohol consumption.



Currently in the EU, France is the only Member State which requires informing consumers about the dangers associated with drinking alcohol. Since 2007, alcoholic beverages have to either include the following message; 'Drinking alcoholic beverages during pregnancy even in small quantities can have grave/serious consequences for the health of the baby', or usage of the pictogram [left].

What Health Information Labels Should Look Like

Health information labels should deliver clear messages about the harm to the individual and others of consuming alcoholic drinks. These should cover health (liver cirrhosis, cancers etc), mental health issues, physical injuries, violence and the risk of dependence. In addition, specific messages should warn of the dangers of consuming alcohol during pregnancy, when driving, under age, operating machinery or taking certain medication.

They should also have a standard format and design, irrespective of the brand of the alcohol beverages, so that they do not become a part of the specific beverage design, will ensure better visibility of such warnings.

Health information messages should be accompanied by a recommendation for action, for example, 'If you are concerned about your alcohol consumption, call [appropriate help line and phone number] or visit [appropriate website].' This message could be in smaller font than the health information message.

If pictograms are used, they should be accompanied with a health information message corresponding to them.

Thus, health information messages should be:

- Placed in a standard location on the container
- Parallel to the base of the container

- Clearly separate from other information of the label (i.e. be placed in boxes with thick borders)
- Written in capital letters and bold type
- Rotating and with sufficient vividness and strength to attract consumers' attention
- Understandable (should be in the official language(s) of the country in which the product is sold)
- Determined by the European Institution/ Agency or Ministers of Health (i.e. a public body not a private agency)

Furthermore, the specific size of the health information should be determined by a minimum percentage of the size of the container. The images used should be informational in style and taken from other ongoing education campaigns to enhance their effectiveness, and they should appear on a contrasting background with warnings printed in red rather than black to increase noticeability.

Some Eurocare proposals:⁽¹⁰⁾



ALCOHOL SLOWS YOUR REACTION TIME - DON'T DRINK AND DRIVE



ALCOHOL MAY HARM THE UNBORN BABY



ALCOHOL SLOWS YOUR REACTION TIME - DON'T DRINK AND DRIVE



ALCOHOL MAY HARM THE UNBORN BABY



DON'T SERVE ALCOHOL TO MINORS



ALCOHOL CAN CAUSE DEPENDENCE



DON'T SERVE ALCOHOL TO MINORS

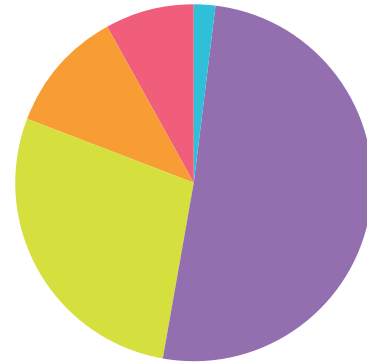


ALCOHOL CAN CAUSE DEPENDENCE

⁽¹⁰⁾ For more Eurocare proposals of health information labels please visit: http://www.eurocare.org/resources/policy_issues/labelling/eurocare_papers/eurocare_second_library_of_health_warning_labels_dec_12

What Does The Public Say?

Eurobarometer 2010 reports that an overwhelming majority of the European Union population (79%) would agree to alcohol labels warning pregnant women and drivers of the dangers of drinking alcohol. Furthermore, the support for health warning messages on advertisements reaches 83% across the EU.⁽¹¹⁾



51% Totally agree | 28% Tend to agree | 11% Tend to disagree
8% Totally disagree | 2% Don't know

PART III: WHAT RESEARCH AND EXPERIENCE TELLS US?

Can Alcohol Industry Label Itself?

Assessment of the United Kingdom Responsibility Deal

In May 2007 the UK Government entered a voluntary agreement with the alcohol industry designed to introduce health warning labels on alcoholic drink containers by the end of 2008.

Such labels were required to include:

- The alcoholic content of the drink in units
- The recommended Government sensible drinking guidelines: 'UK Chief Medical Officers recommend men do not regularly exceed 3-4 units daily and women, 2-3 units daily'
- The website address of the Drinkaware Trust – www.drinkaware.co.uk
- One of the three following messages as a heading:
 - 'Know your Limits'
 - 'Enjoy Responsibly'
 - 'Drink Responsibly'
- An alcohol during pregnancy message as agreed by the UK Chief Medical Officers 'Avoid alcohol if pregnant or trying to conceive'; the preference was for this text to be used rather than an alternative circular logo (with a diagonal line being superimposed on an image of a pregnant woman holding a glass)

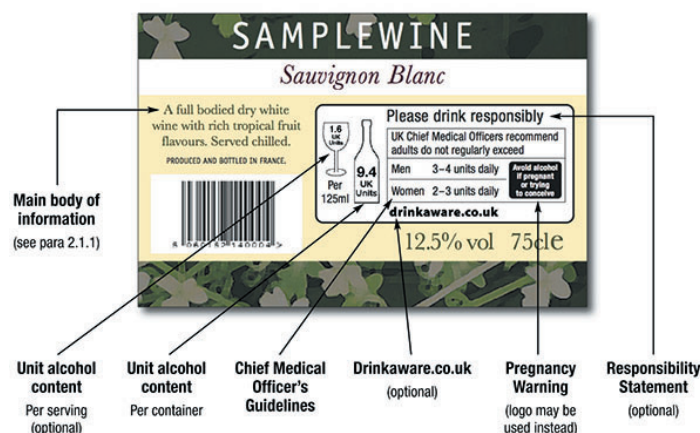
By April 2009, an independent investigation showed that only 15% of drinks carried the required messages.⁽¹²⁾ This study looked into 62 separate features which were then diagnosed to determine to what extent the voluntary agreement has been followed. Generally there was a high level of inconsistency in the content, format and location of units and health information.

⁽¹¹⁾ Retrieved from: http://ec.europa.eu/health/alcohol/docs/ebs_331_en.pdf

⁽¹²⁾ Campden and Chorleywood Food Research Association (CCFRA) 'Monitoring Implementation of Alcohol Labelling Regime. Retrieved from: http://www.dh.gov.uk/en/PublicHealth/Healthimprovement/Alcoholmisuse/DH_085390

Despite these findings on 15th March 2011 the UK Government announced a Public Health Responsibility Deal which included a continuation of the self-regulatory scheme. It composed of a pledge from the alcohol industry to take action to support achievement of over 80% (by the end of 2013) market coverage for agreed health information on alcohol labels.⁽¹³⁾

Sample label from UK Responsibility Pledge:

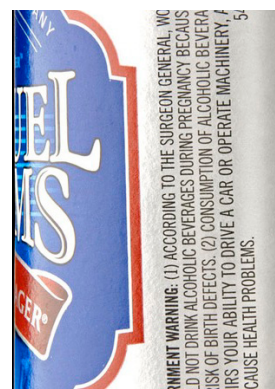


Currently there are 98 partners committed to this pledge which report on a yearly basis.⁽¹⁴⁾

However the robustness of the self-reporting system can be called into question. Diageo, one of the world’s biggest alcohol companies, in its latest update from April 2014 has stated: ‘We are confident that we have exceeded the industry pledge target of more than 80 percent and that over 90 percent of Diageo owned products in the UK now have clear unit content, NHS guidelines and a warning about drinking when pregnant on the labels.’⁽¹⁵⁾ A company with an operating income of £3.431 billion could surely be able to provide a better report on its labelling commitment.

Overview of Research Findings

When discussing the effectiveness of labels on alcohol, it should be noted that the most studied experience with alcohol health related labels originates from the United States (US). However, the US health label is fixed rather than rotating, and has not changed since its introduction in 1989. It is a relatively lengthy message which is usually in small and hard to read print.



⁽¹³⁾ Consultation on options for improving information on the labels of alcoholic drinks to support consumers to make healthier choice in the UK (2011) Retrieved from: <http://www.dh.gov.uk/publications>

⁽¹⁴⁾ Progress reports for each partner are available at: <https://responsibilitydeal.dh.gov.uk/pledges/pledge/?pl=1>

⁽¹⁵⁾ As retrieved from: <https://responsibilitydeal.dh.gov.uk/annualupdates/?au=2302>

Over the page the main findings are summarised from a number of articles regarding labelling, which could be of relevance for policy discussions.

Saliency of Good Design

An effective health label would consist of four message components, each of which serves a different purpose: (1) signal word to attract attention, (2) identification of the problem, (3) explanation of consequences if exposed to the problem, (4) instructions for avoiding the hazard.

Visual of the label can be enhanced using (1) large, bold print (2) high contrast, (3) colour, (4) borders, (5) pictorial symbols, and (6) special effects like flashing lights.

Factors that aid in the recall of safety information include repetition, relevance, pictorials and the presence of injury statistics.⁽¹⁶⁾

Furthermore, rotating health message are a means of communicating facts and multiple hazards that could not be effectively communicated on a single label, due to limited surface and space.⁽¹⁷⁾

Promoting Discussions, Raising Awareness, Changing Attitudes

It has been noted that the US health labels have prompted discussions¹⁸ about the dangers of drinking, steadily increased awareness of the labels, and there is evidence of increased public support for alcohol labeling by the US public following its introduction.⁽¹⁹⁾

Similarly, pregnant women who saw the labels were more likely to discuss the issue; in addition a 'dose-response' effect was found such that the more types of warnings the respondents had seen (on adverts at point of-sale, in magazines and on containers) the more likely they were to have discussed the issue.⁽²⁰⁾

In France comparable results were found in relation to introduction of the pictogram in 2006. A study of public awareness regarding the dangers of drinking alcohol during pregnancy indicated a positive evolution in terms of changing the social norm towards 'no alcohol during pregnancy'.⁽²¹⁾

⁽¹⁶⁾ Wogalter, S. M. et al (2002). Research-based guidelines for warning design and evaluation. *Applied Ergonomics*, 33, 219- 230

⁽¹⁷⁾ (Kaskutas and Greenfield 1992). In Stockwell T. (2006) *A Review of Research Into The Impacts of Alcohol warning Labels On Attitudes And Behaviour*. University of Victoria, Canada.

⁽¹⁸⁾ (Kaskutas and Greenfield 1992). In Stockwell T. (2006) *A Review of Research Into The Impacts of Alcohol warning Labels On Attitudes And Behaviour*. University of Victoria, Canada.

⁽¹⁹⁾ Greenfield (1997) in Stockwell T. (2006) *A Review of Research Into The Impacts of Alcohol warning Labels On Attitudes And Behaviour*. University of Victoria, Canada.

⁽²⁰⁾ (Kaskutas and Greenfield 1992). In Stockwell T. (2006) *A Review of Research Into The Impacts of Alcohol warning Labels On Attitudes And Behaviour*. University of Victoria, Canada.

⁽²¹⁾ Guillemont J. (2009) *Labelling on alcoholic drinks packaging: The French experience*. Presentation to the CNAPA meeting, February 2009 retrieved from: http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/ev_20090217_co08_en.pdf

It could plausibly be argued that where label regulations have been used, there has indeed been a shift towards regarding alcohol as more problematic and heavier drinking has become less 'normalised'.⁽²²⁾

Furthermore, warning label messages might serve to legitimate a socially challenging intervention, such as increasing activities that aim to reduce the likelihood of an inebriated person getting behind the wheel.⁽²³⁾

Complexity of Fear Arousal Effects

Fear arousal may prompt denial that undermines precautionary motivation. Defensive responses may result in inadequate processing of precautionary instructions or the systematic rejection of arguments prompting precautions.

Findings suggest that behaviours focussed on early detection of health problems are best promoted by loss frames (e.g. 'Failing to control your drinking behaviour limits your ability to detect dangerous situations'), whereas prevention behaviours are best promoted by gain frames (e.g. 'people who limit their drinking are decreasing their risk of getting cancer').

The more risky detection actions will be most attractive when potential losses are highlighted, whereas the less risky preventative behaviours will be promoted best by emphasising potential gains. Research emphasises the importance of combining fear appeals with specific instructions and prompts to action planning.⁽²⁴⁾

Lessons Learned From Tobacco Labelling

The tobacco labelling experience offers strong evidence that warning labels can be effective, not only in increasing information and changing attitudes, but also in affecting behaviour. Results from the International Tobacco Control evaluation also support the effects of pictorial labelling. At least one-quarter of respondents from all four countries reported that the package warnings had made them more likely to quit.⁽²⁵⁾

Cigarette packages warnings have had most critical influence in a more indirect manner, such as by influencing non-smokers to encourage smokers to stop through peer pressure – an important influence of the warnings that might be very difficult to assess.⁽²⁶⁾

⁽²²⁾ Wilkinson C. and Room R. (2009) Warnings on alcohol containers and advertisements: International experience and evidence on effects. *Drug and Alcohol Review*, 28, 426-435

⁽²³⁾ Tam, W. T. Et al (2010) Do Alcohol Warning Labels Influence Men's and Women's Attempts to Deter Others from Driving When Intoxicated?. *Human factors and Ergonomics in Manufacturing Service Industries*, 20 (6), 538-546

⁽²⁴⁾ Current models do not adequately distinguish between emotional (i.e. fear arousal) and cognitive (i.e. threat perception) response to fear appeals and, in general, are not well supported.

⁽²⁵⁾ Ferrence R, Hammond D, Fong GT. Warning labels and packaging In: Bonnie RJ, Stratton K, Wallace RB, eds ending tobacco problem: blueprint for the national. Committee on Reducing Tobacco Use: strategies, barriers, and consequences. Washington: National Academy Press, 2007: 435-48

⁽²⁶⁾ Wogalter, S.M. and Brelsford, W. J. (1994) Incidental exposure to rotating warnings on alcoholic beverages. *Proceedings of Human Factors and Ergonomics Society 38th Annual meeting*

PART IV: EUROCARE POSITION- ALLOWING INFORMED CHOICES

Consumers' Right to Know

European Union institutions are perfectly positioned to coordinate common efforts to inform consumers of both the composition as well as harmful effects of alcohol.

The labelling of foodstuffs, including the labelling of ingredients and allergens, aims to enable European consumers to get comprehensive information on the contents and the composition of food products, and help consumers to make an informed choice while purchasing their foodstuffs. However, when it comes to alcohol this does not seem to be the case. The European legislation has greatly failed to allow consumers to make an informed choice about the products they are purchasing.

It can be assumed that consumers would welcome more information on the bottles regarding potential substances with allergenic effects, composition, and most importantly the energy content included and sugars contained in their drinks.

Eurocare is convinced that bringing alcohol packaging in lines with non-alcoholic beverage packaging would enhance consumers' choice.

Energy and other nutritional information would help consumers to make informed decisions regarding alcoholic beverage intake. Consumers would have the ability to exercise greater choice.

As public health professionals search for effective policies to address alcohol related harm, labels stand out as an underutilised way to empower consumers to make healthy decisions about alcohol intake.

Labelling provides a unique opportunity for governments to disseminate health messages at the point of sale and point of consumption. Placing health information on alcoholic drinks and containers targets the appropriate audience (the drinker) at the appropriate time, when purchasing and using the product.

Eurocare is strongly convinced that the consumer has a right to make informed choices about the products they purchase, and it is the obligation of public institutions to enable them to exercise this right.

Soothing the Burden for Small and Micro Enterprises

It has been argued that the variance of ingredients in the wine making processes depending on batches of grapes, together with the requirement to translate it to all EU languages, would put an enormous economic burden on small producers. The same argument has also been provided by the beer industry in relation to small and microbreweries.

While Eurocare acknowledges the validity of this point, it would like to highlight that the majority of alcohol consumed in Europe is mass produced by multinational corporations that should be required to provide full information to their consumers.

Using the burden to small producers in order to avoid their own obligation to provide information to their customers is a questionable tactic by multinational organisations.

Allowing the alcohol industry not to provide full information on the labels of their products is yet another missed opportunity for reducing alcohol related harm.



APPENDIX I

Ingredients and nutritional requirements for alcohol labelling across the EU countries

The following summary was produced using the International Centre for Alcohol Policies data.⁽²⁷⁾ It presents only these countries in the European Union which go beyond the scope of the basic EU Legislation on labelling.


Country	Additional Requirements
Austria	Additional requirements: <ul style="list-style-type: none"> - Wine labels must show the origin of the wine and the amount of sugar and alcohol indicated as dry, semi-dry, sweet, or semi-sweet - Beer labels must show the amount of flavorings in weight percentage, and conditions for storage
Czech Republic	Additional considerations: <ul style="list-style-type: none"> - For wine that is more than 3 years old, the indicated alcohol by volume percentage should not vary by greater than 0.8%
France	Additional considerations: <ul style="list-style-type: none"> - Use of foreign names and vintage is forbidden when an equivalent French word exists (spirit names such as vodka and whiskey are acceptable)
Germany	Additional considerations: <ul style="list-style-type: none"> - Wine, sparkling wine, flavored wines, flavored wine beverages and cocktails, and spirits imported from non-EU countries are subject to special labeling regulations
Sweden	<ul style="list-style-type: none"> - Labels on beer should state the alcoholic strength by weight, as well as the Roman numeral "III" - There is a general ban on the import of flavored spirits with an alcoholic strength of more the 60% by volume Additional considerations: <ul style="list-style-type: none"> - If the beer contains antioxidants, dye stuffs, preservatives, or sorbitol, this must be shown on the label
United Kingdom	Additional considerations: <ul style="list-style-type: none"> - Labels must be in British English - Packaging must show the number of standard alcohol units contained

⁽²⁷⁾ Retrieved from: <http://www.icap.org/table/alcoholbeveragelabeling>

APPENDIX II

Overview of health information labels in the EU

Currently, only France introduced a mandatory health warning message. In a number of countries there are health warning requirements for advertisements. The following summary was produced using the International Center for Alcohol Policies data.⁽²⁸⁾

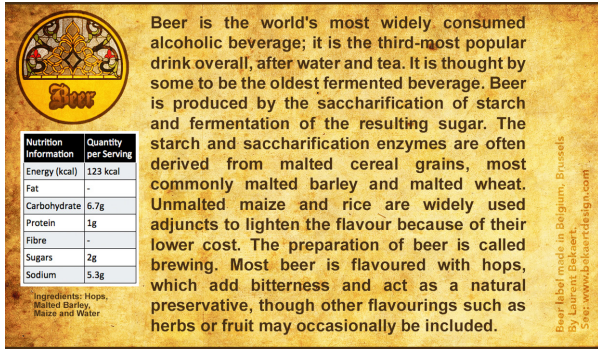
Country	Mandated or Voluntary	Packaging or Advertisements	Text	Other requisites
Bulgaria	Mandatory	Packaging		The law provide notes about risks for the health on the labels of alcoholic beverages.
Cyprus				Health warnings are present.
Estonia	Mandatory	Advertisements	'Attention! This is alcohol. Alcohol may harm your health'	Legislation introduced in March 2008 requires health warnings on all alcoholic beverages advertising.
France	Mandatory	Packaging and Advertisement	'Drinking alcoholic beverages during pregnancy even in small quantities can have grave/serious consequences for the health of the baby' OR usage of the pictogram 	Packaging of all beverages alcohol products sold or distributed (including for free as promotion) in France must have at least one of the two health messages recommending that pregnancy women do not drink alcohol. The health warning must: - appear in the same visual field as the obligatory labelling on the alcohol content -be written on a contrasting background in a manner that is visible, reliable, clear, understandable, and indelible.
Germany	Mandatory	Packaging	'Not for supply to persons under 18, clause 9 Protection of Minors Act'	The health warning must be displayed on the packaging in the same typeface, size, and colour as the brand or trade name or, where there is neither, as the product designation and on bottles must be displayed on the front level.
Italy	Voluntary			Health warnings are not legally required on alcohol advertisements but sometimes they are introduced on a voluntary basis.
Latvia	Mandatory	Advertisements		
Lithuania	Mandatory	Advertisements; outdoor billboards		
Poland	Mandatory	Advertisements	'1/2 litre of beer contains 25 gram of pure alcohol. Even such amount is harmful for pregnant women and dangerous for drivers' or '1/2 litre of beer contains 25 gram of pure alcohol. Sale to people under 18 years is a crime'	Advertisements of beer They should be placed in the upper part of the advertisements and consists 20% of the advertising surface; they need to have different colours than the rest of the advert, they are red print on white background or white font on red background in capital letters.

⁽²⁸⁾ ICAP (2011) Health Warning Labels; retrieved from <http://www.icap.org/table/HealthWarningLabels>

Romania	Mandatory	Advertisements		
Slovenia	Mandatory	Advertisements	'Not suitable for Children'	
Spain	Voluntary	Advertisements	'Drink moderately. It's your responsibility'	
Sweden	Mandatory	Advertisements (newspaper)	<p>'Alcohol can damage your health'</p> <p>'Alcohol is addictive'</p> <p>'Alcohol is dependence-producing'</p> <p>'Alcohol can cause nerve and brain damage'</p> <p>'Alcohol can cause damage to the liver and the pancreas'</p> <p>'Alcohol can cause stroke and cancer'</p> <p>'Every second driver who dies in a single-vehicle traffic crash is under the influence of alcohol'</p> <p>'One in two drivers killed in single-vehicle accidents in traffic is under the influence of alcohol'</p> <p>'Half of all who drown have alcohol in their blood'</p> <p>'Alcohol in connection with work increases the risk of injuries'</p> <p>'Alcohol consumption during pregnancy can harm the baby'</p> <p>'Children who get alcohol at home get drunk more often than other children'</p> <p>'To start drinking at an early age increases the risk for alcohol problems'</p>	<p>Swedish warning labels on advertisement seem to the single example in the alcohol field of rotating warnings.</p> <p>The health warnings are required to:</p> <ul style="list-style-type: none"> -be in black letters -area compromising 1/8 of the space for advertisement <p>Alcohol ads in printed media are allowed for alcoholic beverages with up to 15% alcohol, 20% of the alcohol ads in the printed media have to consist of a warning label. Same rules apply for alcohol ads on the Internet, except that it is allowed to market beverages that consist of more than 15% alcohol.</p>
United Kingdom	Voluntary	Packaging	<p>'The Chief Medical Officer recommend men do not regularly exceed 3-4 units daily and women, 2-3 units daily'</p> <p>And one of the three following messages: 'Know your limits', 'Enjoy Responsibly' or 'Drink Responsibly'</p>	<p>Labels also include the website address of the Drinkaware Trust.</p> <p>For more detailed description please see page 8.</p>

APPENDIX III

European Alcohol Policy Alliance’s proposal for an informative alcohol label



Beer is the world's most widely consumed alcoholic beverage; it is the third-most popular drink overall, after water and tea. It is thought by some to be the oldest fermented beverage. Beer is produced by the saccharification of starch and fermentation of the resulting sugar. The starch and saccharification enzymes are often derived from malted cereal grains, most commonly malted barley and malted wheat. Unmalted maize and rice are widely used adjuncts to lighten the flavour because of their lower cost. The preparation of beer is called brewing. Most beer is flavoured with hops, which add bitterness and act as a natural preservative, though other flavourings such as herbs or fruit may occasionally be included.

Nutrition Information	Quantity per Serving
Energy (kcal)	123 kcal
Fat	-
Carbohydrate	6.7g
Protein	1g
Fibre	-
Sugars	2g
Sodium	5.3g

Ingredients: Hops, Malted Barley, Water and Water

Beer label made in Belgium, Brussels
© 2010 www.beerlabeldesign.com



Beer

5.2% alc./vol
52ml alc./litre
333ml

per 333ml
kcal
123

ALCOHOL CAN CAUSE CANCER
If you are concerned about your alcohol consumption, call [appropriate help line and phone number] or visit [appropriate website].



