

RESPONSE FROM EUROCARE TO DG SANCO CONSULTATIVE DOCUMENT ON LABELLING

EUROCARE is an alliance of 55 voluntary and non-governmental organizations working on the prevention and reduction of alcohol related harm. For further information visit our website <http://www.eurocare.org/>

23. On **composition**, should consumers have information on all ingredients in beer, wine and spirits? Would the indication of at least substances which are likely to have adverse health effects in certain groups of consumers, as is the case for sulphites, be a sufficient option, or should food improvement agents also be labelled? Should mixed drinks like Alco-pop be treated like all other foodstuffs regarding ingredient listing?

EUROCARE believes that all beverages containing alcohol should have labelling that includes food **improvement agents**, as well as **sulphites** and any other ingredients that might lead to **allergies** for consumers have a right to know what is in the drink or what has been added to the drink. Alcoholic products should also contain information on the **total grams of alcohol** in the can/bottle and not just on its alcohol concentration (% by volume) as this is difficult to understand for the average consumer.

With regards to mixed drinks, such as **Alco-pops**, we believe they should be treated as any other foodstuffs in terms of ingredient listing.

25. Should the legislation provide for **requirements to be fulfilled**, or **guidance to be followed** with a view to preventing risk of misleading where voluntary information takes place?

EUROCARE believes that the approach should be fair and equal to all and easy to understand with no scope for misunderstanding or ability to bend the rules. Therefore the legislation should provide for **requirements to be fulfilled** rather than for guidance to be followed. In this respect we think it would be advisable to follow the example of the tobacco regulations.

Alcohol product labeling should not be misleading nor promote an alcoholic product by any means that are likely to create an erroneous impression about its characteristics or health effects, or that directly or indirectly appeals to minors.

26. Should the legislation be **more prescriptive on format, size of the text**, or could the objective be achieved through voluntary or soft legislation?

We believe that legislation should be prescriptive on format and size of the text as it is the case with the tobacco regulations. The experience in other domains is that unless the legislation is clear and prescriptive, the industries concerned will try to bend the rules or overlook their responsibilities.

The format and size of the text on alcohol labels shall be such as to make the information perfectly legible to the average consumer. To that end, information on alcohol labels should be: **Indelible:** Printing that under normal conditions of use and storage does not fade, run, or is not rubbed off. **Distinct:** Decorations and embellishments such as logos should not interfere with the legibility of the words on the label. Text printed on complex or pictorial or otherwise multicoloured backgrounds is unlikely to be adequately legible in many cases. **Easy to read:** Statements in sentence or title case are usually easier to read than statements in upper case or in mixed case.

27. Should **nutritional labeling** of alcoholic beverages be mandatory?

EUROCARE believes that nutritional labeling of alcoholic beverages should be mandatory. We believe that each unit packet and package of alcoholic products and any outside packaging and labeling of such products should contain information on:

- **alcohol concentration** (% by volume);
- Alcohol content (i.e. **total grams of alcohol in the container**) (which is easier to understand than the information on alcohol concentration (% by volume));
- **Ingredients**, knowledge of which might be useful to some people with certain **allergies**, and;
- Other relevant nutritional labeling, like **calories**¹.

42. **Health warnings on alcoholic beverages. Is this feasible and viable?**

¹ Alcohol provides **7.1 g/kcal** which is a significant amount of calories (i.e. alcohol's calories are just short of the nine calories found in a gram of fat and nearly twice that in a gram of protein or carbohydrate). Every component of the energy-balance equation is affected by the ingestion of alcohol. Even moderate amounts of alcohol boosts calories, both from the alcohol itself and from its appetite-enhancing effects. Experimental evidence from several metabolic studies showed a suppression of lipid oxidation by alcohol and thus the enhancement of a positive fat balance. The nonoxidized fat is preferentially deposited in the abdominal area.

Apart from being a **drug of dependence**, alcohol is a **toxic substance** and a cause of some **60 diseases and conditions** (including injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including an increased risk of premature birth and low birth weight. See annex 1 “The harm done by alcohol to the individual drinker”).

Alcohol is a key health determinant, responsible for **7.4% of all ill-health and premature death** in the European Union, it is the 3rd leading risk factor, after high blood pressure and tobacco, and a cause of over 25% of male deaths in the age group 15-29 years.

Although there is limited evidence for the impact of warning labels on alcoholic products in reducing the harm done by alcohol, European consumers can benefit from receiving accurate and consistent information on alcohol in order to help them make informed choices about their drinking. Furthermore, the Alcohol industry needs to be accountable for its actions, by giving accurate information about its products, as well as warnings about the consequences of its products.

These health warnings should focus on the risk of dependence and on the harmful effects of alcohol during **pregnancy**², when **driving**³, **operating machinery** or taking **antibiotics**⁴.

² **Pregnancy**: Prenatal exposure to alcohol can be associated with a distinctive pattern of intellectual deficits that become apparent later in childhood including reductions in general intellectual functioning and academic skills as well as deficits in verbal learning, spatial memory and reasoning, reaction time, balance, and other cognitive and motor skills. Some deficits, like problems with social functioning, appear to worsen as these individuals reach adolescence and adulthood, possibly leading to an increased rate of mental health disorders. Although these deficits are most severe and have been documented most extensively in children with Foetal Alcohol Syndrome (FAS), children pre-natally exposed to lower levels of alcohol can exhibit similar problems in a dose dependent manner, exacerbated by episodic heavy drinking.

Even at low average volumes of consumption, and particularly during the first trimester of pregnancy alcohol can increase the risk of spontaneous abortion, low birth weight, prematurity and intra-uterine growth retardation and may reduce milk production in breastfeeding mothers.

Alcohol is responsible for 60,000 underweight births each year in the EU of which nearly half are in the EU10. Low birth weight is defined as under 2500g.

³ **Drinking and driving** The risk of drinking and driving increases with both the amount of alcohol consumed and the frequency of high volume drinking occasions (Midanik *et al.* 1996), and blood alcohol concentration levels (Blomberg *et al.* 2002; Hingson and Winter 2003). A review of 112 studies provided strong evidence that impairment in driving skills begins with any departure from a zero blood alcohol concentration level (BAC) (Moskowitz and Fiorentino 2000). Comparison of blood alcohol concentrations (BACs) of drivers in accidents with the BACs of drivers not involved in accidents find that male and female drivers at all ages who had BACs between 0.2g/l and 0.49g/l had at least a three times greater risk of dying in a single vehicle crash. The risk increased to at least 6 times with a BAC between 0.5g/L and 0.79g/L and 11 times with a BAC between 0.8g/l and 0.99 g/L (Zador *et al.* 2000). The risks are greater for serious and fatal crashes, for single-vehicle crashes, and for younger people. Even relatively low doses of alcohol consumption (20g of alcohol) can impair driving in the presence of relative sleep deprivation

As regards the feasibility and viability of using warning labels on alcoholic beverages containers we believe that if they can be put on the much smaller cigarette packets it should also be possible to have them on alcoholic beverage containers.

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(Horne *et al.* 2005). The use of alcohol increases both the possibility of being admitted to hospital from drink-drive injuries, and the severity of the injuries (Borges *et al.* 1998).

⁴ Alcohol can influence the effectiveness of antibiotics by altering its availability and may also increase the risk of side effects from the antibiotic such as sedation, dizziness, impairment of psychomotor function.... On the other hand, antibiotics may affect the way in which alcohol is broken down, increasing the risk of becoming intoxicated.

ANNEX 1

The harm done by alcohol to the individual drinker		
Condition		Summary of findings
Social well being	Negative social consequences	For getting into a fight, harming home life, marriage, work, studies, friendships or social life, the risk of harm increases proportional to the amount of alcohol consumed.
	Reduced work performance	Higher alcohol use results in reduced employment and increased unemployment and reduced productivity.
Intentional and unintentional injuries	Violence	There is a relationship between alcohol consumption and the risk of involvement in violence, which is stronger for episodic heavy drinking than for overall consumption. The higher the alcohol consumption, the more severe the violence.
	Drinking and driving	The risk of drinking and driving increases with both the amount of alcohol consumed and the frequency of high volume drinking occasions. There is a 38% increased risk of accidents at a blood alcohol concentration level of 0.5g/L.
	Injuries	There is a relationship between the use of alcohol and the risk of fatal and non-fatal accidents and injuries. People who usually drink alcohol at lower levels, but who engage periodically in drinking large quantities of alcohol, are at particular risk. Alcohol increases the risk of attendance at hospital emergency rooms in a dose dependent manner.
	Suicide	There is a direct relationship between alcohol consumption and the risk of suicide and attempted suicide, which is stronger for episodic heavy drinking than for overall consumption.
Neuropsychiatric conditions	Anxiety and sleep disorders	Over one in eight of individuals with an anxiety disorder also suffer from an alcohol use disorder. Alcohol aggravates sleep disorders.
	Depression	Alcohol use disorders are a risk factor for depressive disorders in a dose dependent manner, often preceding the depressive disorder, and with improvement of the depressive disorder following abstinence from alcohol.
	Alcohol dependence	The risk of alcohol dependence begins at low levels of drinking and increases directly with both the volume of alcohol consumed and a pattern of drinking larger amounts on an occasion. Young adults are particularly at risk.
	Nerve damage	Clinical studies find that between one quarter and one third of alcohol dependent patients have damage to the peripheral nerves of the body, with the risk and severity of damage increasing with lifetime use of alcohol.

	Brain Damage	Heavy alcohol consumption accelerates shrinkage of the brain, which in turn leads to cognitive decline. There appears to be a continuum of brain damage in individuals with long-term alcohol dependence.
	Cognitive impairment and dementia	Heavy alcohol consumption increases the risk of cognitive impairment in a dose dependent manner
Gastrointestinal, metabolic and endocrine conditions	Liver cirrhosis	Alcohol increases the risk of liver cirrhosis in a dose dependent manner. At any given level of alcohol consumption, women have a higher likelihood of developing liver cirrhosis than men.
	Pancreatitis	Alcohol increases the risk of acute and chronic pancreatitis in a dose dependent manner.
	Type II diabetes	Although low doses decrease the risk compared with abstainers (see Box 5.3), higher doses increase the risk.
	Overweight	Alcohol contains 7.1 g/kcal and is a risk factor for weight gain. In very heavy drinkers alcohol can replace calories due to meal skipping and lead to malnutrition.
	Gout	Alcohol increases the risk of high blood levels of uric acid and gout in a dose dependent manner.
Cancers	Gastrointestinal tract	Alcohol increases the risk of cancers of the mouth, oesophagus (gullet) and larynx (upper airway), and to a lesser extent, cancers of the stomach, colon and rectum in a linear relationship.
	Liver	Alcohol increases the risk of cancer of the liver in an exponential relationship.
	Breast	Alcohol increases the risk of female breast cancer in a dose dependent manner.
Cardiovascular diseases	Hypertension	Alcohol raises blood pressure and increases the risk of hypertension, in a dose dependent manner.
	Stroke	Alcohol increases the risk of haemorrhagic stroke with a dose-response relationship. The relationship with ischaemic stroke is J-shaped, with low doses reducing the risk (see Box 5.3) and higher doses increasing the risk. Episodic heavy drinking is an important risk factor for both ischaemic and haemorrhagic stroke, and is particularly important as a cause of stroke in adolescents and young people.
	Irregularities in heart rhythms	Episodic heavy drinking increases the risk of heart arrhythmias and sudden coronary death, even in people without any evidence of pre-existing heart disease

)	Coronary heart disease (CHD	Although light drinking reduces the risk of CHD, beyond 20g a day (the level of alcohol consumption with the lowest risk, see Box 5.3), the risk of heart disease increases, being more than the risk of an abstainer after 80g a day. The reduced risk seems to disappear in very old age, where over-reporting of CHD on death certificates also occurs.
	Cardiomyopathy	Over a sustained period of time, a high level of alcohol consumption, in a dose dependent manner, increases the risk of damage to the heart muscles (cardiomyopathy).
Immune system		Alcohol can interfere with the normal functions of the immune system, causing increased susceptibility to certain infectious diseases, including pneumonia, tuberculosis and possibly HIV.
Lung diseases		People with alcohol dependence have a two- to four-fold increased risk of acute respiratory distress syndrome (ARDS) in the presence of sepsis or trauma.
Post-operative complications		Alcohol increases the risk of post-operative complications and risk of admittance to intensive care in a dose dependent manner.
Skeletal conditions		There appears to be a dose-dependent relationship between alcohol consumption and risk of fracture in both men and women that is stronger for men than for women. (See also Box 5.3). In high doses, although in a dose dependent manner, alcohol is a cause of muscle disease.
Reproductive conditions		Alcohol can impair fertility in both men and women.
Total mortality		It has been estimated, at least in the UK, that in younger people (women under the age of 45 years and men under the age of 35 years), any level of alcohol consumption increases the overall risk of death in a dose dependent manner.