

# European Alcohol Policy Alliance (Eurocare)

*Revision of Rules on information provided to consumers*

## Alcohol Labelling

### ***Supplementary document for question 9***

#### **1. Introduction:**

The European Alcohol Policy Alliance (Eurocare) is the only alliance of national, pan-European and international NGOs working exclusively on EU policy analysis and advocacy linked to the reduction of alcohol related harm in Europe. Starting with 9 member organisations in 1990, it now has 51 member organisations across 21 European countries, including 8 international organisations. Member organisations are involved in advocacy and research, as well as in the provision of information and training on alcohol issues and services for people whose lives are affected by alcohol problems. The European Alcohol Policy Alliance has become a recognised partner in the alcohol policy field working with both the European Commission, the European Parliament, permanent representations, the OECD and the World Health Organisation. The European Alcohol Policy Alliance is a partner in several European Union funded projects. It is a not-for-profit international organization registered in Belgium (AISBL). The European Alcohol Policy Alliance and its members do not receive funding from the alcohol industry or its social aspects organisations. The European Alcohol Policy Alliance (Eurocare) is registered in the Transparency Register nr: 01546986656-22.

**The European Alcohol Policy Alliance welcomes the opportunity to respond to this consultation on behalf of all its members. Eurocare would like to provide the following additional information (question 9) relevant to alcoholic beverage labelling:**

#### **2. Why is Alcohol consumption a major public health concern?**

Alcoholic beverages, including wine, are drinkable liquids containing ethanol (ethyl alcohol;  $C_2H_5OH$ )<sup>1</sup>, a substance rapidly absorbed from the gastrointestinal tract and distributed throughout the body<sup>2</sup> with psychoactive effects and dependence-producing properties. There is a direct relationship between higher levels of alcohol consumption and developing some cancers, liver diseases and cardiovascular diseases and the level and pattern of drinking has a relationship with ischaemic heart and cerebrovascular diseases.<sup>3</sup> The use of alcohol ranks among the top risk factors for disease, disability and mortality.<sup>4</sup> Alcohol consumption is also a causal factor in more than 200 disease and injury conditions.<sup>5</sup> Moreover, there is a causal relationship between the use of alcohol and a range of mental and behavioural disorders. The latest causal relationships have been established between drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS. Beyond health consequences, the use of alcohol brings significant social and economic losses to

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<sup>1</sup> Alcoholic Beverages - MeSH - NCBI ([nih.gov](http://nih.gov))

<sup>2</sup> Ethanol - MeSH - NCBI ([nih.gov](http://nih.gov))

<sup>3</sup> C Parry et al, 'Alcohol consumption and non-communicable diseases: epidemiology and policy implications' (2011) 106(1) *Addiction* 1718.

<sup>4</sup> S Lim et al, 'A Comparative Risk Assessment of Burden of Disease and Injury Attributable to 67 Risk Factors and Risk Factor Clusters in 21 Regions, 1990–2010: A Systematic Analysis for the Global Burden of Disease Study 2010' (2012) 380 *Lancet* 2224.

<sup>5</sup> WHO, 'Statistical Classification of Diseases and Related Health Problems' (10th revision, WHO, 1992).

individuals and society at large.<sup>6</sup> In other words, from a health and social perspective, alcoholic beverages are not an ordinary foodstuff nor an ordinary commodity.

### 3. What is the situation in Europe?

In Europe, the situation is bleak with the highest levels of alcohol consumption in the world, killing the equivalent of a large concert hall every day.<sup>7</sup> The dramatic impact of alcohol harm starts early in the life course, responsible for 1 in every 4 deaths in the age group of 20–24-year-olds; eight out of the 10 countries with the global highest level of drinking are located in the European Union. While there has been an overall decrease in alcohol consumption in the WHO European Region, this decline was driven by non-EU countries, while consumption levels in the Union have stagnated and increased in some countries. In 2016, cancer was the leading cause of alcohol-attributable deaths with a share of 29%. In the same year, about 80,000 people died of alcohol-attributable cancers in the Union, and about 1.9 million years of life were lost due to premature mortality or due to disability. About half of alcohol-attributable breast cancer cases in the Union are caused by light to moderate alcohol consumption, which underlines the need for measures to reduce alcohol consumption at any level of intake among the population. **Public awareness of the cancer risk posed by alcohol is generally very low.**

**Young people are disproportionately affected by alcohol related harm.** While 5.5% of all deaths in a population are attributable to alcohol, for the age group 15 – 19, this percentage increases to 19%, and for the age group 20 – 24, it is even higher, reaching 23.3%. There is increasing evidence that there is a deficit in young people’s understanding and knowledge about how alcohol impacts their health.

**Women and pregnant women are also affected by alcohol related harm.** Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behaviour and learning. There is no known safe amount of alcohol during pregnancy or when trying to get pregnant. Alcohol can cause problems for a developing baby throughout pregnancy, including before a woman knows she is pregnant. All types of alcohol are equally harmful. To prevent a child from having a FASD, a woman should not drink alcohol while she is pregnant or might be pregnant. This is because a woman could get pregnant and not know for up to 4 to 6 weeks. **There is increasing evidence that there is a deficit in women’s understanding and knowledge about how alcohol impacts their health and the health of their unborn child.**

### 4. Are there effective policy measures to address alcohol related harm?

In the past 10 years, scientific evidence for effective alcohol policies, such as higher prices, reduced availability and restrictions on marketing has accumulated and is actively promoted by the World Health Organisation as well as the Europe’s Beating Cancer Plan. One of the policy objectives of the Europe’s Beating Cancer Plan is to reduce alcohol consumption including a target to achieve a relative reduction of at least 10% in the harmful use of alcohol by 2025. Despite this progress, the pace of development of adequate alcohol policies does not correspond to the magnitude of the problem and the alcohol industries deploy vast lobbying resources to prevent the introduction and implementation of effective measures. **At present, awareness of alcohol related harm is still very low amongst the public, a situation perpetuated by the lack of effective and compulsory labelling and health warnings.** As a result, people in Europe continue to treat alcohol as an ‘ordinary’ commodity and continue to consume more alcohol than in any other part of the world.

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<sup>6</sup> <https://www.who.int/news-room/fact-sheets/detail/alcohol>

<sup>7</sup> 2545 people according to the WHO

## 5. Is the current ingredient and nutrition labelling on alcohol sufficient to inform consumers?

**The answer is no.** As we have already pointed out, there is increasing evidence that there is a deficit in consumer knowledge and understanding of the nutritional content and ingredients of alcoholic beverages as well as the consequences of alcohol consumption.<sup>8</sup> Across the EU, consumers are interested in alcohol labelling.<sup>9</sup> In its 2006 Alcohol Strategy, the EU specifically aimed to ‘provide information to consumers so that they can make informed choices’ and to inform consumers about ‘the impact of harmful and hazardous alcohol consumption on health’.<sup>10</sup> This is in line with the long held view in the EU that well-informed consumers are empowered to make healthy purchasing and consumption decisions.<sup>11</sup> As the Commission has plainly acknowledged in its *Report regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages in 2017*, **there are no objective reasons for the exemptions.**<sup>12</sup>

## 6. Why is this important?

Alcohol is high in calories and sugar and exactly like with food products, the nutritional profiles of alcoholic drinks can vary considerably. At the moment, consumers can view the nutritional declaration on any non-alcoholic product but are denied this information on alcoholic beverages. Displaying the calorie content on labels would help consumers to better understand how much of their calorie intake comes from alcohol (which is quite significant) and would be particularly helpful for citizens who are watching their weight. Indeed, alcohol consumption can significantly contribute to overweight and obesity.<sup>13</sup>

- **Alcohol is very high in sugar;** one gram of alcohol contains seven calories (or an energy content of 7.1 kilocalories per gram) which is a considerable amount of calories. Indeed, only fat has a higher energy value per gram (9kcal/g). Also, many types of alcoholic beverages such as pre-mixed drinks have extra added sugar; these products are readily available in EU supermarkets and marketed to women and young people
- **Alcohol is high in calories:** Additionally, the ingredients that form part of the production process including wheat, barley and grapes - all contribute to the high calorie content.
- **Some alcohol products contain high levels of fat and saturated fat** (such as popular cream liqueurs for example). Providing the full nutritional declaration (and not just the energy value of an alcoholic product) would give consumers a more complete picture of its nutritional profile.
- **Some of the ingredients are allergens:** Alcohol commonly contains a variety of ingredients, such as wheat, barley, corn, rye, grapes, hops, histamine, sulphites and brewer’s yeast. Some of these ingredients are allergens. The Food Information to Consumers Regulation (1169/2011) provides a clear definition of an ‘ingredient’: ‘any substance or product, including flavourings, food additives

<sup>8</sup>K Grunert et al, ‘Consumer Wants and Use of Ingredient and Nutrition Information for Alcoholic Drinks: Cross-Cultural Study in Six EU Countries’ (2018) 63 Food Quality and Preference 107.

<sup>9</sup>GfK Belgium, ‘Consumer Insights - Knowledge of Ingredient and Nutrition Information Off-Label Information and Its Use – Report’ (GfK Belgium, 2014); A Annunziata et al, ‘Do Consumers Want More Nutritional and Health Information on Wine Labels? Insights from the EU and USA’ (2016) 8(7) Nutrients 416; K Vallance et al, “‘We Have a Right to Know’”: Exploring Consumer Opinions on Content, Design and Acceptability of Enhanced Alcohol Labels’ (2018) 53(1) Alcohol and Alcoholism 20.

<sup>10</sup>Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions an EU strategy to support Member States in reducing alcohol related harm (COM/2006/0625 final), paras 5.3 & 5.4.

<sup>11</sup> M Friant-Perrot and A Garde, ‘From BSE to Obesity – EFSA’s Growing Role in the EU’s Nutrition Policy’ in A Alemanno and S Gabbi, *New Perspectives in EU Food Law – Ten Years of European Food Safety Authority* (Ashgate, 2013).

<sup>12</sup>Report from the Commission to the European Parliament and the Council regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages COM(2017) 58 final, 12.

<sup>13</sup>S Wannamethee and A Shaper, ‘Alcohol, body weight, and weight gain in middle-aged men’ (2003) 77 American Journal of Clinical Nutrition 1312; SG Wannamethee et al, ‘Alcohol intake and 8-year weight gain in women: a prospective study’ (2004) 12 Obesity Research 1386.

and food enzymes, and any constituent of a composite ingredient used in the manufacturer or preparation of a food and still present in the finished product'. Harmonised information about allergens on the label of alcoholic beverages would improve consumers' knowledge about this fact. Checking a list of ingredients on label would help consumers with allergies to check whether it's safe for them to consume a drink or not.

## 7. Why are the current voluntary initiatives not sufficient to protect and inform citizens and consumers and failing to increase health literacy?

Bearing in mind the evidence referred to in the above paragraphs regarding the deficit of consumer information on alcoholic beverages and the relationship between alcohol consumption and a wide range of diseases, it is paramount for effective nutrition and ingredients labelling to be implemented as soon as possible to empower consumers to make healthier alcohol purchasing and consumption decisions.<sup>14</sup> At present, even when a nutrition declaration is provided on a voluntary basis, it can be limited to an energy-only declaration which is clearly insufficient. The absence of uniform regulatory requirements creates confusion and lack of knowledge across consumers in Europe. Also, it creates a fragmented landscape and an uneven playing field that cannot be addressed by the proliferation of voluntary initiatives, none of which are evidence based and grounded in science. Alcohol products have a dual nature, both as a risk factor for health and as a product within the internal market. Moreover, both alcohol products and their consumers cross borders. Bearing in mind that alcoholic beverages are traded extensively within the internal market, there is a compelling rationale for the adoption of an EU-wide harmonised approach to the regulation of nutrition and ingredients labelling of alcoholic beverages to reduce market fragmentation.

## 8. Why is off-label information unacceptable?

Whilst the various alcoholic beverages sectors are pushing for crucial information to be shifted from the label to online platforms, this is totally unacceptable because off label information could exclude some consumers from information essential to their health and well-being. All relevant and important information should be on the bottle itself. Not in the cloud! Indeed, there is no reason to treat alcoholic beverages more leniently than other consumable products just to please economic operators; besides, there is no credible evidence that consumers are likely to, and will be able to, make use of off-label information. For instance, a recent poll conducted by YouGov Plc with a total sample size of 12,247 adults (Fieldwork was undertaken between 18/02/2021 – 18/03/2021) found that, regarding off-label: *"91% of people of never visited a website address printed on an alcohol product in order to learn more about the health harms from alcohol. Only 3% of people said they had done so."*

<sup>15</sup>Digital information tools should not replace **established means of communicating product information to consumers, such as on-pack labels, especially with regard to mandatory information requirements**. This has been reflected in EU food law since the EU began regulating food information in the late 1970s.

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<sup>14</sup> A Annunziata et al, 'Nutritional Information and Health Warnings on Wine Labels: Exploring Consumer Interest and Preferences' (2016) 106 *Appetite* 58; M Bui et al, 'What Am I Drinking? The Effects of Serving Facts Information on Alcohol Beverage Containers' (2008) 42(1) *Journal of Consumer Affairs* 81; O Maynard et al, 'Know your limits: Labelling Interventions to Reduce Alcohol Consumption' (Alcohol Research UK, 2018); C Wright et al, 'Beer and Wine Consumers' Perceptions of the Nutritional Value of Alcoholic and Nonalcoholic Beverages' (2008) 73(1) *Journal of Food Science* H8; C Wright et al, 'Beer Consumers' Perceptions of the Health Aspects of Alcoholic Beverages' (2008) 73(1) *Journal of Food Science* H12; Kate Vallance et al, "'We Have a Right to Know": Exploring Consumer Opinions on Content, Design and Acceptability of Enhanced Alcohol Labels' (2018) 53(1) *Alcohol and Alcoholism* 20; E Himmelsbach et al, 'Study on the impact of food information on consumers' decision making' (TNS European Behaviour Studies Consortium, 2014).

<sup>15</sup>All figures, unless otherwise stated, are from YouGov Plc. The YouGov survey was conducted on behalf of Action on Smoking and Health. Total sample size was 12247 adults. Fieldwork was undertaken between 18/02/2021 – 18/03/2021. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+).

Please find below further arguments against off label information:

- Firstly, we know that consumers make their purchasing decisions in a matter of seconds ([apparently 2.6 seconds!](#)). Whilst economic operators design their packaging with this in mind, it is unreasonable to expect busy shoppers to spend extra time and effort accessing information relevant to health via QR codes, web links or bar codes for each alcohol product whilst they could have this information in a matter of seconds if it was on the labels.
- Secondly, off-label information does not allow consumers to compare between several alcoholic beverages on the shelf. Providing a nutritional declaration and ingredients listings via QR codes or web links would only permit consumers to access information for each product one at a time. Off label information does not allow the consumer to compare between different products which is key to being able to make a choice.
- Thirdly, smartphone ownership, internet connectivity and digital skills are all preconditions to digital information tools that are not currently met; even today, not everyone has a smartphone and for those who do, remarkable differences still exist between young people and the older population regarding their digital skills: whereas 96% of 16-24 olds are regular internet users, according to Eurostat, only 57% in the 55-74 age group use the internet regularly. Moreover, use of connected devices to access product information also presupposes that consumers always bring their devices to the shop, that the device is charged, that mobile subscriptions are functional, etc. –none of which should be taken for granted.
- Fourthly, a switch towards digital labelling raises significant concern for both data protection and cybersecurity. Requiring consumers to scan products or visit an operator's website could allow economic operators to collect information on the (potential) purchasing behaviour of consumers as well as other personal data (e.g. a cookieID). Access to such data could result in both user identification and targeted advertising if compliance with the General Data Protection Regulation (GDPR) is not guaranteed.

## 9. Why is on label information the only effective way to increase health literacy?

It is well-established that, to be able to effectively inform consumers, information should be easily available, salient and well-perceived by consumers.<sup>16</sup> On-label information is more readily accessible for consumers, particularly within in-store environments. Bearing in mind that consumers do not always search for nutrition and ingredient labelling, on-label information is more likely to be seen and read, which is particularly true for members of lower socioeconomic groups.<sup>17</sup>

## 10. Why is it necessary to introduce other effective labelling, including front-of-pack labelling and health warnings, to help empower consumers?

The envisaged measures of back-of-pack nutrition labelling and ingredients labelling are just two forms of labelling to help inform consumers. To empower consumers to make healthier decisions, the EU should also develop proposals for mandatory front-of-pack labelling, mandatory serving size recommendations and per portion nutrition information, guidance on moderate levels of drinking and

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<sup>16</sup> K Grunert and J Wills, 'A review of European research on consumer response to nutrition information on food labels' (2007) 15 *Journal of Public Health* 385; J Barreiro-Hurlé, 'Does nutrition information on food products lead to healthier food choices?' (2010) 35 *Food Policy* 221.

<sup>17</sup> N Gokani, 'Regulation for Health Inequalities and Non-Communicable Diseases: In Want of (Effective) Behavioural Insights' (2018) 24(6) *European Law Journal* 490.

**warnings on the health effects of consuming alcohol.**<sup>18</sup> The Commission's intention in the EU's *Beating Cancer Plan* to make proposals on health warnings on alcohol labels by the end 2023 are supported.<sup>19</sup> Not only does the WHO European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 call for 'labelling similar to that used for foodstuffs, including alcohol and calorie content' but also health warnings.<sup>20</sup> Moreover, empowerment by information can only be successful if regulated by statute.

## 11. Why the labelling of alcoholic beverages need a *Lex Specialis* legislation

Alcoholic beverages are not consumed in the same way, nor do they have the same effects, as food products; although alcoholic beverages contain calories and therefore have a nutritional aspect that should be clearly indicated on the label, they are fundamentally different from foodstuffs in that they have psychoactive and dependence-producing properties; As suggested by de Coninck and Gilmore in their recent contribution in the *Lancet*<sup>21</sup> – the objectives of consumer protection as well as health and well-being of citizens would be better achieved through legislation specifically adapted to the characteristics of these products, rather than legislation applying to food products in general. Inspiration could be drawn from the success of the Tobacco Products Directive (2014/40/EU) in this regard. Eurocare considers that the inclusion of a *lex specialis* approach would be appropriate.

## 12. Conclusion

Over the years, the EU's response to alcohol related harms has been substandard and it is high time that it rectified this failure through the adoption of evidence-based measures intended to limit the appeal, the acceptability and the affordability of alcoholic beverages. It is only then that it can claim that it has indeed complied with the obligation it derives from the EU Treaties and the EU Charter of Fundamental Rights and Freedoms to ensure a high level of public health protection in the development and implementation of all its policies, including its internal market and consumer protection policies.<sup>22</sup>

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<sup>18</sup> J Martin-Moreno et al, 'Enhanced labelling on alcoholic drinks: reviewing the evidence to guide alcohol policy' (2013) 23(6) *European Journal of Public Health* 1082.

<sup>19</sup> Communication From The Commission To The European Parliament And The Council - Europe's Beating Cancer Plan COM(2021) 44 final.

<sup>20</sup> WHO Euro, 'European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020' (WHO, 2012), 27.

<sup>21</sup> P. de Coninck, I. Gilmore, *Long overdue: a fresh start for EU policy on alcohol and health*, *The Lancet* Vol 395, January 4 2020

<sup>22</sup> O Bartlett and A Garde, 'On the Rocks: A Few Sobering Thoughts on the Growing EU Alcohol Problem' in T Hervey et al (eds), *Research Handbook on EU Health Law and Policy* (Edward Elgar, 2017), ch 15.