

# Drinking in the dark

## How alcohol labelling fails consumers

August 2020



**alcohol**  
health alliance uk

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## Alcohol Health Alliance UK

The Alcohol Health Alliance UK (AHA) is an alliance of more than 55 non-governmental organisations whose mission is to reduce the harm caused to health by alcohol. Our members include medical royal colleges, charities and treatment providers. AHA members work together to:

- ▶ highlight the rising levels of alcohol-related health harm;
- ▶ propose evidence-based solutions to reduce this harm; and
- ▶ influence decision makers to take positive action to address the harm caused by alcohol.

## Alcohol Change UK

Alcohol Change UK is a leading UK alcohol charity, formed from the merger of Alcohol Concern and Alcohol Research UK. We work for a society that is free from the harm caused by alcohol. The problem is complex, and so the solutions aren't simple. But we're ambitious. We create evidence-driven change by working towards five key changes: improved knowledge, better policies and regulation, shifted cultural norms, improved drinking behaviours, and more and better support and treatment.



# Executive summary

The UK's Chief Medical Officers (CMOs) updated their low-risk drinking guidelines for the UK in 2016 to reflect new evidence of health risks.<sup>1</sup> The guidelines took effect in January 2016 and guidance on their communication followed later that year. Alcohol labels are a natural and obvious place for these low-risk drinking guidelines to appear. However, nearly four years on, this study found that most alcohol labels still did not carry this vital information.

Alcohol use is the biggest risk factor for death, ill-health and disability among 15 to 49-year-olds in the UK.<sup>2</sup> Despite this, many people remain unaware that drinking is linked to over 200 conditions and diseases including heart disease, diabetes, mental health issues and seven types of cancer.<sup>3</sup>

People have the right to health information to help them choose what food and drinks to consume but currently, in relation to alcohol, the law does not protect and promote this right. Unlike all other food and drinks, the law requires very little information on alcohol labels. The only information that is required is the volume of the container, the drink's strength (alcohol by volume, ABV), and whether any of the 14 most common allergens are present. Beyond this limited required information, government has allowed a voluntary approach to alcohol labelling. All other information including the official low-risk drinking guidelines, health warnings, ingredients, nutritional information, and even the number of units of alcohol in the container is included voluntarily. This research shows that this voluntary approach results in poor and inconsistent practice.

Labels are a crucial part of consumers' decision-making process and regular polling in the UK shows that consumers do want information about health risks.<sup>4</sup> A recent real-world experiment in Canada has shown that enhanced alcohol labels (which included a cancer warning, the low-risk drinking guidelines and the standard drinks per serving) can increase people's knowledge of the link between alcohol and cancer<sup>5</sup> and the low-risk drinking guidelines,<sup>6</sup> and prompt people to cut back on their drinking.<sup>7,8</sup>

In this study we reviewed a random sample of 424 alcohol containers on shop shelves in October 2019 to assess whether labels included the current CMOs' guidelines and other essential pieces of information that would allow consumers to make informed choices.

## Key findings

- ▶ More than 70% of the labels that we reviewed still did not include the official, up-to-date low-risk drinking guidelines; more than three years after they were updated.
- ▶ The industry-funded Portman Group styles itself as the alcohol industry's "social responsibility body" and "leader in best practice" but 98% of its members' labels reviewed in this study failed to include the correct CMOs' low-risk drinking guidelines.
- ▶ Nearly a quarter of the labels we surveyed contained misleading, out-of-date health information, such as the old UK guidelines or guidelines from other countries.
- ▶ Brand name products were even less likely than supermarket own brands to display the correct low-risk guidelines.

- ▶ Almost all (97%) labels displayed a pregnancy warning logo, but only 15% of labels included written information about the risks of drinking during pregnancy.
- ▶ Just one of the 424 labels we surveyed featured a factual health warning to explain that alcohol consumption is harmful to health; the remainder included nothing about alcohol-related health risks.
- ▶ Over seven in ten labels failed to list the ingredients in the product (72%).
- ▶ More than half (56%) of labels included no nutritional information. 37% of labels listed the calories without any further information, and just 7% displayed full nutritional information including calories.
- ▶ 73% of labels did not include a warning about drink-driving.
- ▶ Over 92% of labels did not include a warning about drinking underage (under 18).

## Conclusion and recommendations

Alcohol harm is widespread, serious and poorly understood by drinkers. Alcohol labels are one tool, among many, that could help reduce alcohol harm by increasing knowledge of the health risks and prompting behaviour change. This research shows that alcohol manufacturers are still not providing consumers with sufficient information on product labels. The current system of voluntary labelling practices has failed to tackle the inconsistency, inadequacy and poor quality of alcohol labelling.

People have a right to know what is in the drinks they buy and consume but there are currently very few requirements placed on alcohol manufacturers. Many choose not to give consumers all the information they need and deserve by right. Government action is urgently needed to protect and promote consumers' right to information.

It is the Alcohol Health Alliance's position that the list of items identified for consideration in the recent World Health Organization (WHO) review, and recommended for inclusion on labels by previous reports from the AHA and the Royal Society for Public Health (RSPH), must be included on all alcohol labels.<sup>9,10,11</sup> These are:

- ▶ The UK CMOs' 14-units weekly low-risk drinking guidelines
- ▶ Alcohol units in container and per serving
- ▶ A pregnancy warning
- ▶ A health warning
- ▶ Ingredients and nutritional content, including calories
- ▶ A drink-driving warning
- ▶ An age (under-18) warning

It must not be left to industry to decide what information they provide consumers – it is for government to require this, to protect its citizens and their rights. The UK Government and devolved administrations must act now to ensure that consumers have the information they need at the point of purchase to make informed choices about the alcohol they buy and consume. The voluntary approach has failed – not just now but consistently over the last 20 years.

The Scottish Government has recently noted the inadequate progress made towards all alcohol labels displaying the necessary information and is prepared to legislate in Scotland if industry progress is inadequate. The AHA strongly supports the immediate implementation of such an approach across the UK as well as in Scotland.

As a result of this study, and in order to achieve consistent, appropriate and effective alcohol labelling in the UK, the AHA recommends the following:

### **Recommendation 1**

The UK Government and devolved administrations must give a new or existing independent agency appropriate powers to require, monitor and enforce what appears on alcohol labels, working in the interests of public health and consumer rights and free from influence or interference from corporate interests.

### **Recommendation 2**

The labelling requirements set by this agency should be guided by the considerations and best practice laid out in the WHO's major European review of alcohol labelling.<sup>12</sup> In particular, label content and design should be specified, according to evidence of effectiveness of: messaging; presentation (size, colour, etc.); and positioning on the container.

# 1. Introduction

People have the right to health information to help them choose what food and drinks to consume. The United Nations identifies 'access to clear, accurate information' as a 'legitimate need' of consumers.<sup>13</sup> Alcohol labelling could fulfil this need by providing health and product information at point of sale but, unlike all other food and drink products, the law requires very little information on alcohol labels. The only information that is required is the volume of the container, the drink's strength (alcohol by volume, ABV), and whether any of the 14 most common allergens are present. All other information including the official low-risk drinking guidelines, health warnings, ingredients, nutritional information, and even the number of units of alcohol in the container is included voluntarily.

## Alcohol health advice matters

Alcohol use is linked to over 200 conditions and diseases<sup>14</sup> and is the biggest risk factor for death, ill health and disability among 15 to 49-year-olds in the UK.<sup>15</sup> Recent NHS figures show that in 2018 at least 1.3 million people were admitted to hospital with a diagnosis linked to alcohol.<sup>16</sup> Despite this, most people in the UK remain unaware of the link between alcohol consumption and various health problems, such as cancer, heart disease, diabetes and mental health issues.<sup>17</sup>

Drinking in pregnancy is known to be a risk factor for stillbirth, miscarriage, premature birth, low birthweight and Fetal Alcohol Spectrum Disorder (FASD).<sup>18</sup> FASD describes impacts on the brain and body of individuals prenatally exposed to alcohol during pregnancy and is the leading cause of non-genetic learning disability in the UK.<sup>19</sup>

Alcohol also contributes considerably to calorie intake. Of adults who drink, nearly 10% of their daily calorie intake comes from alcohol.<sup>20,21</sup> Alcohol can also be a risk factor for obesity in some individuals, particularly heavy drinkers and binge drinkers.<sup>22</sup> Despite this, people often do not know how many calories their drinks contain: in a 2014 survey, over 80% of people did not know, or underestimated, the number of calories in a glass of wine.<sup>23</sup>

The Chief Medical Officers (CMOs) of the four UK nations published low-risk drinking guidelines in 2016 to help people understand the health impacts of alcohol and make informed decisions about their drinking. These guidelines state that men and women should not regularly drink more than 14 units of alcohol per week, spread over three or more days, with several drink-free days. Around a quarter (24%) of adults in England and Scotland regularly drink more than this.<sup>24,25</sup> Moreover only 1 in 5 people in the UK are able to correctly identify the CMOs' low-risk drinking guidelines.<sup>26</sup> Research in Scotland found that most people were unable to identify the correct number of units in beers, wines or spirits.<sup>27</sup> Still more recent research has shown that the change to the CMOs' guidelines in 2016 resulted in only short term but no sustained change in alcohol consumption or consumer awareness of the guidelines.<sup>28</sup> The study suggests this may be attributed, in part, to their limited or poorly designed promotion, such as hard to read, easy to ignore labels. An inadequate and inconsistent approach to the labelling of alcoholic drinks is at the heart of this failure.

People have a right to know the risks associated with the drinks they buy and consume. The UK CMOs' low-risk drinking guidelines are underpinned by two key principles:

- ▶ People have a right to accurate information and clear advice about alcohol and its health risks; and
- ▶ Government has a responsibility to ensure this information is provided for consumers in a clear and open way, so people can make informed choices.

The European Commission has also stated 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”.<sup>29</sup> Consumers also want this information: our research found that 70% of people think warnings that exceeding the drinking guidelines can damage one's health should be displayed on alcohol labels as a legal requirement.<sup>30</sup>

## Labelling increases awareness and can help people make healthier choices

Not only do consumers deserve to make informed purchasing decisions, effective alcohol labelling would also increase knowledge of the health risks of alcohol and potentially contribute to behaviour change.

Labels are a crucial part of consumers' decision-making process. A recent systematic review with meta-analysis of experimental online studies, conducted by the University of Cambridge, suggested that health warning labels with pictures as well as text had a greater impact on study participants' selection of alcohol or unhealthy foods than text-only.<sup>31</sup> A real-world experiment in Canada has shown that enhanced alcohol labels (which included a cancer warning, the low-risk drinking guidelines and the standard drinks per serving) can increase people's knowledge of the link between alcohol and cancer<sup>32</sup> and the low-risk drinking guidelines,<sup>33</sup> and prompt people to cut back on their drinking.<sup>34, 35</sup> A rapid literature review, commissioned by Alcohol Focus Scotland, found evidence for health warnings on alcohol products leading to increased intention to reduce drinking, and that well-designed labels can lead to reduced consumption. The review further found evidence that health warnings that link to a specific disease (such as cancer) are especially effective.<sup>36</sup>

To inform consumers about the risks associated with drinking and to discourage harmful drinking behaviour, researchers, medics and health charities have suggested that alcohol labels should include various items of health related information, including (but not limited to):<sup>37,38, 39,40,41,42,43</sup>

- ▶ low-risk drinking guidelines;
- ▶ unit information per serving and how these relate to low-risk drinking guidelines;
- ▶ pregnancy warnings;
- ▶ health warnings;
- ▶ ingredients;
- ▶ nutritional information, including calories;
- ▶ age warnings;
- ▶ and drink-driving warnings.

In a survey by the Royal Society for Public Health (RSPH), age and drink-driving warnings were particularly wanted among young drinkers and deprived socio-economic groups.<sup>44</sup>

Effectiveness however, relies on labels displaying information in a way that is noticeable, legible and understandable.<sup>45,46</sup> For example, factors that increase attention, understanding and recall include colour, pictures or pictograms, a large font size, simple language, and displaying information in a conspicuous location.<sup>47</sup>

In supporting other interventions, alcohol labelling should be only one element of information provision, supplemented by wider social marketing campaigns. Evidence suggests that public awareness campaigns are required, alongside labelling and other communication activity, in order for public drinking guidelines to have an impact on alcohol consumption.<sup>48,49</sup> The Scottish Government's 'Count 14' campaign, designed to raise awareness of the low-risk drinking guideline of 14 units per week, serves as an example.

## Alcohol labelling in the UK

It is unsurprising that there is little awareness of the CMOs' low-risk drinking guidelines or the health risks associated with alcohol, given that the law only requires alcohol labels to show the strength of alcohol (ABV) and the container's volume. Although it is a legal requirement to include the 14 most common allergens on alcohol labels, people with less common allergies may not be able to tell if an alcoholic drink contains an ingredient they need to avoid. Products are not required to provide low-risk drinking guidelines, health warnings, ingredients, calories, or the number of units of alcohol in the container. It is left to the drinks producers themselves to decide whether to provide this information on their products on an entirely voluntary basis. This is in stark contrast to the labelling requirements for all other food and drink products, which are independently regulated.<sup>50</sup>

Historically, government and the alcohol industry have jointly decided on voluntary agreements, dating back to 1998. The most significant agreement to date was the labelling pledge included in the 2011 Public Health Responsibility Deal: over 100 companies committed that by December 2013, over 80% of products on shelf would have labels with clear unit content, NHS low-risk drinking guidelines and a warning about drinking when pregnant.<sup>51</sup> There was also a pledge for the off-trade to raise awareness of calorie content of alcoholic drinks, although it was not specified that this would be on labels.<sup>52</sup> As with previous labelling agreements, the industry failed to meet the agreed terms, with only 70% of labels providing the agreed content and fewer than 50% of labels following best practice in terms of grouping and clarity.<sup>53</sup> Further independent research confirmed this failure, particularly highlighting lack of best practice in relation to font and logo size.<sup>54</sup> It also found that pregnancy logos were, on average, much smaller on wine than other products, despite wine being consumed primarily by women. Although some companies referenced labelling in their annual progress reports as a way in which they provided calorie information directly to consumers in the off-trade,<sup>55</sup> calorie information appeared on only 1.3% of products examined by independent researchers.<sup>56</sup>

Since 2015, no official agreement has been in place with the industry as to what should be on alcohol labels. There is instead a reliance on guidance from the Department of Health and Social Care (DHSC) and from industry.

In March 2017, DHSC recommended that alcohol manufacturers include the new CMOs' guidelines on product labels.<sup>57</sup> The same month, the British Retail Consortium (BRC),

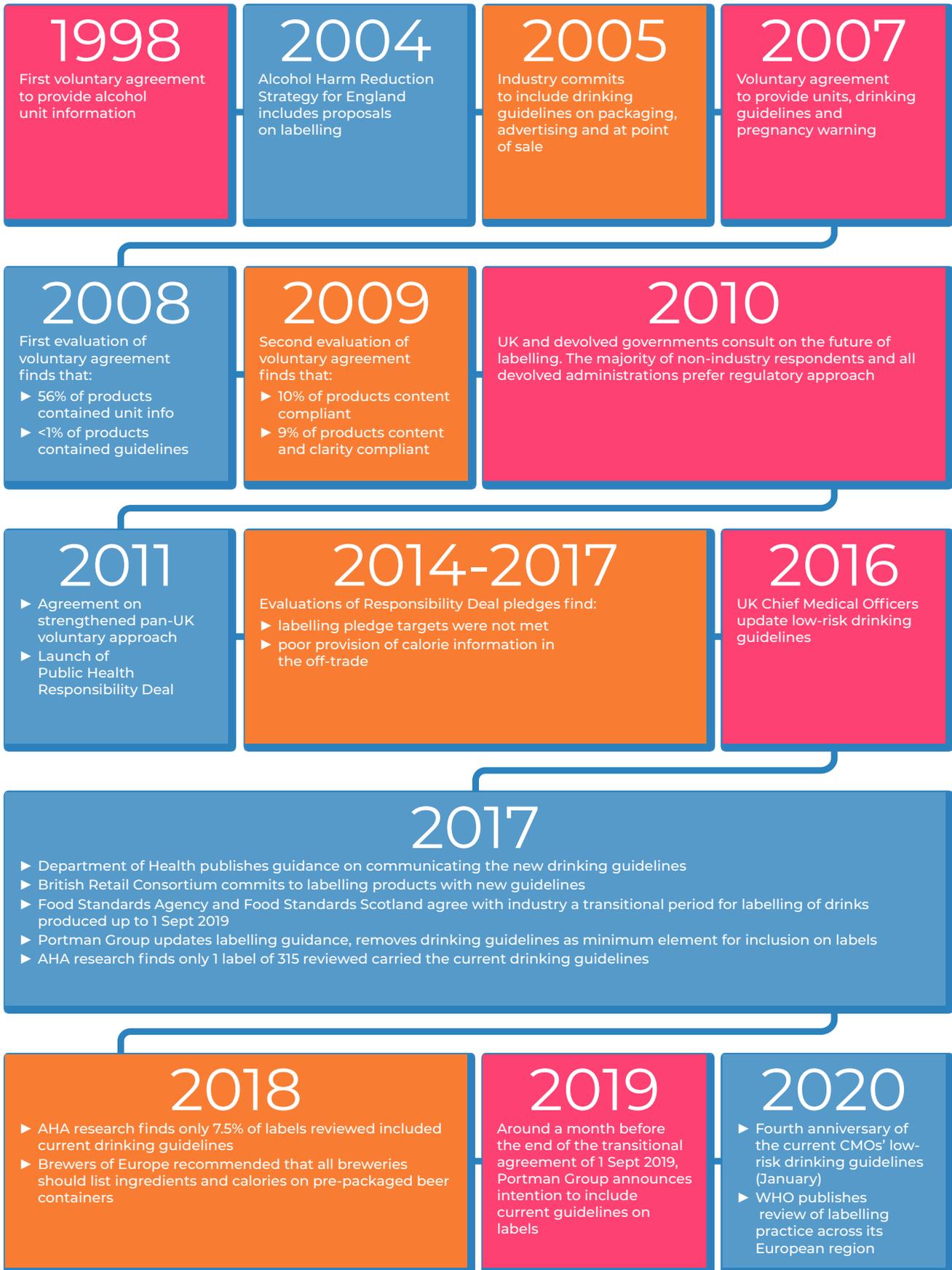
the trade association for UK retailers (including the majority of major supermarkets), made the commitment to update labels to reflect the new guidelines.<sup>58</sup>

The Portman Group took a different approach. The industry-funded body describes itself, on its website, as “the alcohol social responsibility body and regulator of alcohol marketing in the UK”. In September 2017, in consultation with sector trade associations, it updated its labelling guidance to altogether remove the low-risk drinking guidelines as a minimum element of information to be displayed. The Portman Group guidance on communicating alcohol and health-related information advises that ‘minimum content for primary packaging’ should include three elements: units per container and (optionally) per typical serve; pregnancy logo and/or message; and active signposting to the Drinkaware website.<sup>59</sup> This is despite clear evidence that consumers are very unlikely to visit such websites.<sup>60</sup> The guidance classes calorie content and warnings on drink-driving and age-restrictions as optional, and has removed any reference to a minimum font size.<sup>61</sup>

At the same time, and in contrast to the Portman Group guidance, local authorities were made aware of an agreement between government, food standards bodies and industry on a transitional period until 1 September 2019 for labels to start reflecting the updated guidelines. It was, however, an expectation of both government and food standards bodies that many labels would start to reflect the new guidelines by September 2018.<sup>62</sup> Despite this expectation, fewer than 10% of products reviewed in August and September of 2018 displayed the current low-risk drinking guidelines.<sup>63</sup>

Around a month before the end of the agreed transitional period of 1 September 2019 and three years from the update of the low-risk drinking guidelines, the Portman Group announced that its members had now agreed to include the current CMOs low-risk drinking guidelines on their products.<sup>64</sup>

The approach that the UK Government has tried in recent years, of ‘encouraging’ producers to reflect the drinking guidelines on labels, has not worked.<sup>65</sup> It is clear that a different approach is now required. Indeed, the history of alcohol labelling in the UK over the past twenty years shows that reliance on voluntary agreements and the goodwill of the industry will not lead to consumers being given the information they need to make informed choices.



**It is now time for government to properly protect the rights of its citizens and to bring the labelling of alcoholic drinks in line with all other food and drink: required and enforced.**

## 2. Methods

### 2.1. Study design

This research aimed to assess the extent to which product information and health messaging is displayed on alcohol labels, with a particular focus on the inclusion of the CMOs' low-risk drinking guidelines.

The main questions addressed by this study were:

- ▶ How many alcohol labels on UK shop shelves display the current CMOs' low-risk drinking guidelines, compared to the number that display no guidelines or out of date guidelines?
- ▶ How many alcohol product labels display other information items of interest?
- ▶ How large and, therefore, legible are information items on alcohol labels?
- ▶ Does the content and legibility of information vary across drink types, manufacturer types and industry membership bodies?

### 2.2. Sample design and data collection

In order to be sure that the study captured the reality of stock on UK store shelves, this study used an availability sampling approach and an in-store data collection method. An alternative method (purchasing a more defined sample of products through online sales outlets) was rejected because it would not reflect the in-store availability or stock rotation.

Photographic data collection took place in a range of large and small supermarkets across the UK. No data collection was undertaken in off-licence chains or specialist wine or beer shops. Data collection took place in 19 locations across London, the South East and North East of England, Wales and Scotland.

Staff from AHA member organisations photographed labels on alcohol products on store shelves between 23 and 30 October 2019. Each data collector was asked to photograph i) a short list of named branded products and ii) as many other varied products as they could manage, including own-brand products from each drink category. The list of named products included the top ten best-selling brands in the UK overall, and the best-selling drinks in each category, based on UK sales data.<sup>88</sup> A small number of additional products were purposively sampled in small, independent retailers because they were not stocked by mainstream shops (this applied particularly to strong white ciders).

Duplicate products were included to allow identification of any products that have inconsistent labels on shelves across stores, in order to account for slow stock rotation. There are, therefore, a greater number of container labels in the sample than products.

## 2.3. Analysis framework

Labels were assessed based on the inclusion or omission of the following information:

- ▶ The UK CMOs' low-risk drinking guidelines
- ▶ Units per container and per serving
- ▶ Pregnancy warning
- ▶ Health warning
- ▶ Ingredients
- ▶ Nutritional information (including calories)
- ▶ Drink-driving warning
- ▶ Age (under 18) warning

These label items were chosen because of their contribution to alcohol harms or because consumers have the right to know what is in their drink. All of these items are recommended for inclusion by the UK CMOs, by industry bodies, or by alcohol harm experts. Previous reports by the AHA and the RSPH have called for the inclusion of these items on all labels, and a recent review by the World Health Organization (WHO) suggests that a key consideration for the development of nutritional and health labelling on alcohol should be to establish labelling that includes all of these items.<sup>89,90,91,92</sup>

There are many other information items that might usefully be included on alcohol labels but which do not yet feature on UK labels (such as those discussed in a 2017 WHO discussion paper).<sup>93</sup> These items do not feature in the findings of this study. Furthermore, a number of other label information items (such as 'fair trade', organic, gluten free, vegetarian or vegan notices) were not studied because they are not currently recommended for inclusion by government, industry bodies or alcohol harm experts.

Where possible, data collectors included a measurement scale in the photographs, to allow data coders to measure the size of text and logos. In line with previous research, this review classified any text smaller than 3.5mm (equivalent to 10-point font) as below standard for legibility (i.e. too small).<sup>94</sup> The minimum size for pictograms, such as the pregnancy warning symbol, was set at 6mm in diameter, following recent Australian proposals.<sup>95</sup>

All photographic data was independently coded by two people and checked by a third to ensure consistency. A small number of photographs were excluded because the quality was too poor to allow coding.

## 2.4. Industry membership bodies

The study sample included drinks made by all nine funding members of the Portman Group, the voluntary body that has developed guidance for alcoholic drinks labelling in the UK. It is funded by nine huge multinational businesses, who are referred to in this report as Portman Group's 'members'.

We also analysed labels according to manufacturers' membership of three of the main alcohol industry bodies: the Wine and Spirits Trade Association (WSTA), the British Beer and Pub Association (BBPA) and the Society of Independent Brewers (SIBA).

The inclusion of trade body membership allowed some testing of the impact of trade body advice on the extent to which products included information on their labels. The availability sampling approach meant that these are not representative samples: we include this analysis to illustrate the inconsistency that exists between member organisations within the same industry networks.

The chosen membership groups are different to one another in size, scope and membership, and organisations may join more than one. Each body's member organisations vary significantly in size. SIBA members are mostly relatively small brewers, while Portman Group members are large, multinational corporations that own multiple brands. WSTA members include supermarkets like Waitrose and Sainsbury's, and large corporations like E&J Gallo, alongside small winemakers and distillers. BBPA membership includes both producers and hospitality companies like Punch and Admiral Taverns. The achieved sample included:

- ▶ Portman Group (9 funder member organisations): 134 labels on 57 products from 45 brands
- ▶ WSTA (236 member organisations): 175 labels on 154 products from 84 brands
- ▶ BBPA (59 member organisations): 149 labels on 79 products from 68 brands
- ▶ SIBA (139 member organisations): 31 labels on 29 products from 23 brands

## 2.5. Limitations

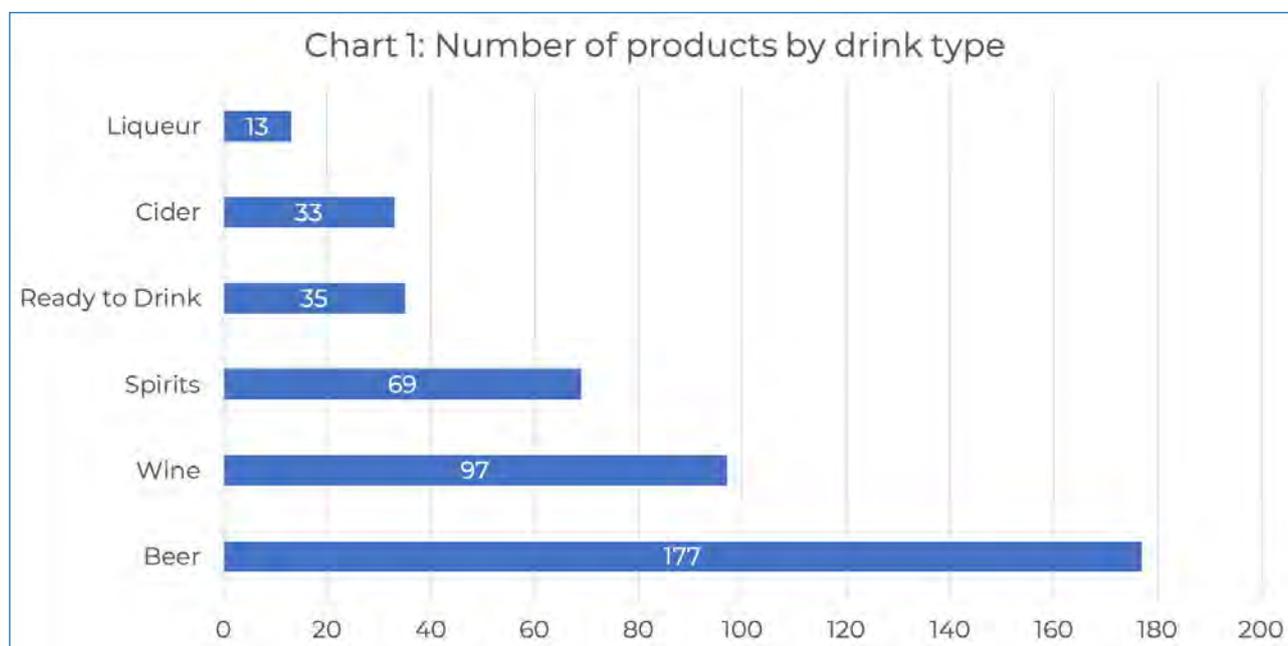
Limitations inherent to the data collection method and the available information on labels (e.g. date of manufacture is usually not present) leaves some unanswerable questions. It was not possible, for example, to identify how long the products had been on shelves. However, given that the CMOs' guidelines were updated nearly four years ago, it's unlikely that slow stock rotation accounts for anything but a tiny minority of the out of date information.

This study measured only objective information on labels and did not undertake more subjective or qualitative analysis of the readability of labels. For example, this study did not analyse the colour combinations or differing shades of colour between text and background, or the amount of space between labels items, despite these affecting the readability of the information. Further research on this would be helpful, including the accessibility of labels for people with sight impairment and people with colour blindness.

The study did not set out to select a representative sample from each membership group. It would not have been feasible to do so, particularly to locate products from very small producers that are not stocked by mainstream retailers. Furthermore, although membership bodies may provide guidance to members, organisations may be members of more than one (and thus subject to potentially conflicting advice) and are not compelled to follow any advice. Finally, not all membership bodies make their advice to their members public; for some this is a benefit of membership. There are, however, a number of public statements by these bodies indicating support for certain aspects of labelling.<sup>96,97</sup> Finally, with the Portman Group labelling guidance produced in consultation with some of these bodies, it is reasonable to assume that some members will follow this guidance. The analysis outlined in the following section is only indicative, therefore, of the degree to which the membership bodies are successful in influencing their members to include key information over and above the minimal information set by the Portman Group.

## 2.6. Achieved sample

The availability sampling approach resulted in 424 photographs of alcohol labels. The data collectors took photographs of alcohol labels from each drink category (beer, cider, wine, spirits, ready-to-drink (RTD) and liqueur), roughly in line with the market share of each.



The sample included three container types: 297 bottles, 5 boxes and 122 cans. Container sizes ranged from 50ml miniature bottles of spirits to a 3 litre wine box. Volume and strength were present on all labels as required by law. Of the 424 labels reviewed, 201 were multi-serve containers and 223 were single serve. This study defines single serve as maximum 250ml (large glass) for wine, 568ml (one pint) for beer and cider, 50ml (double or large) for spirits and liqueurs and 330ml for ready to drink (RTD) and alcopops.

The sample included products from 114 manufacturers, 231 brands and 342 different products (excluding duplicates). 35 products were surveyed more than once from different stores/locations. These duplicates were not excluded from the sample as some had different label content, despite being the same product. An example is shown in the photos below.

Figure 1: Photograph of Barefoot Merlot taken in Morrisons Hoddesdon showing the up-to-date low-risk drinking guidelines.

Figure 2: Photograph of Barefoot Merlot taken in Waitrose Bishops Stortford showing the outdated drinking guidelines.



Most photographs included a measurement scale. For unit information, low-risk drinking guidelines, and pregnancy warnings, the size of the text was measured. Where present, the size of pregnancy warning logos was also measured. In some of the locations, it was impossible to measure the labels and for some of the photographs taken, the full label was not visible. Therefore, we are unable to include measurements on the CMOs' guidelines for 16 of 424 containers, on units per container for 74, on units per serving for 14, on the pregnancy warning text for 10, and on the pregnancy warning symbol for 64 containers.

Throughout the report findings are reported as percentages rounded to no decimal places. This means that some percentages may not sum because of rounding.

## 3. Results

This section outlines the results of analysis of the following eight label items:

### 3.1. CMOs' low-risk drinking guidelines

### 3.2. Unit information

### 3.3. Pregnancy warning

### 3.4. Health warning

### 3.5. Ingredients

### 3.6. Nutritional information and calories

### 3.7. Drink-driving warning

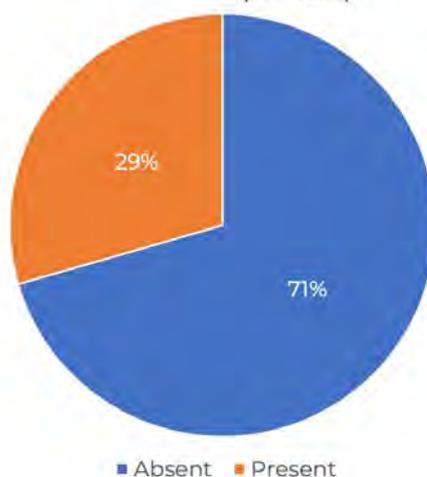
### 3.8. Age (under 18) warning

Each is further analysed across different drink types, by the type of manufacturer that produced the label, and by the membership bodies to which the manufacturer belonged (at the time of analysis in late 2019 and early 2020).

### 3.1. CMOs' low-risk drinking guidelines

The Chief Medical Officers' (CMOs') current low-risk drinking guidelines of 14 units per week were absent from 71% of containers and were present on just 29%. Only one label (Brothers Toffee Apple English Cider) referred to another element of the weekly drinking guidelines, explaining that the 14 weekly units should be spread across several days.

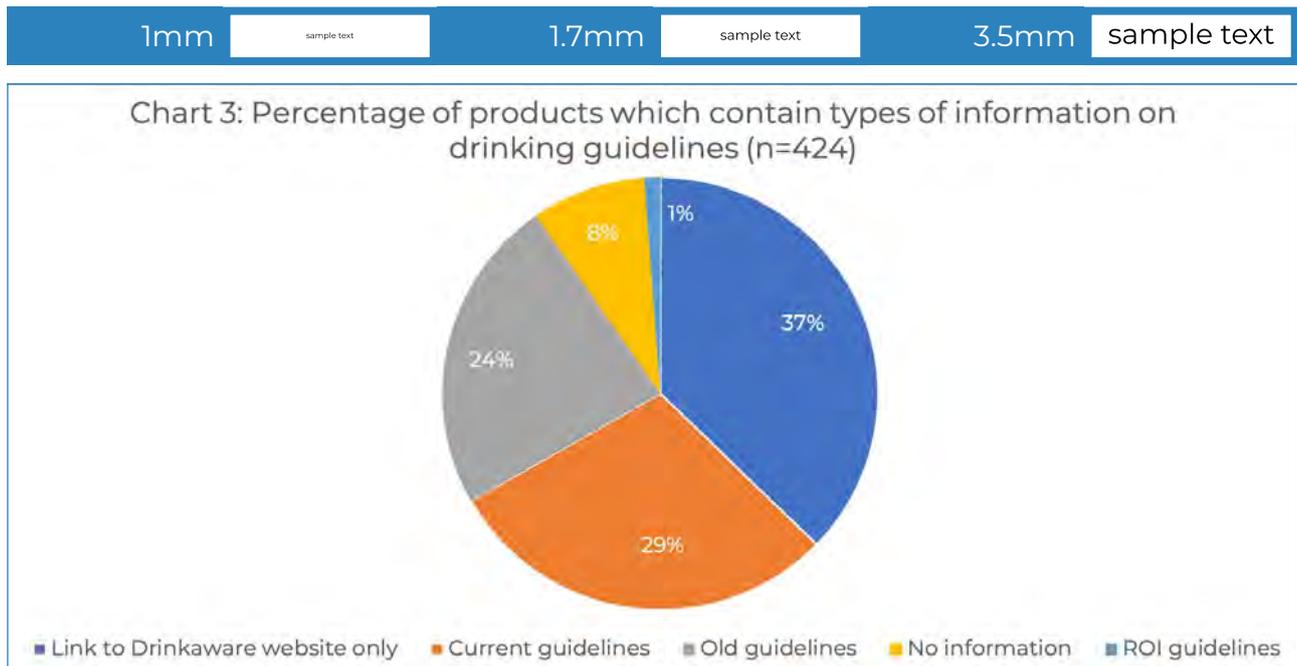
Chart 2: Products which display the up-to-date CMOs' guidelines  
(n=424)



Of the 299 containers that did **not** have the current guidelines:

- ▶ 67% displayed no information on drinking guidelines at all (47% of all 424 labels). Of these labels, 79% referred only to the Drinkaware website (37% of all labels).
- ▶ 33% displayed misleading, out of date, or non-applicable guidelines, such as the pre-2016 guideline or the Republic of Ireland guidelines (24% of all 424 labels).

Of the 109 labels displaying the current low-risk drinking guidelines that could be measured, the average text size was 1.7mm, almost half the size of the minimum standard for legibility. The size of the text ranged from 1mm to 3.5mm, with all but one of the labels deemed to be too small (< 3.5mm). There was only one label which had text measuring 3.5mm.



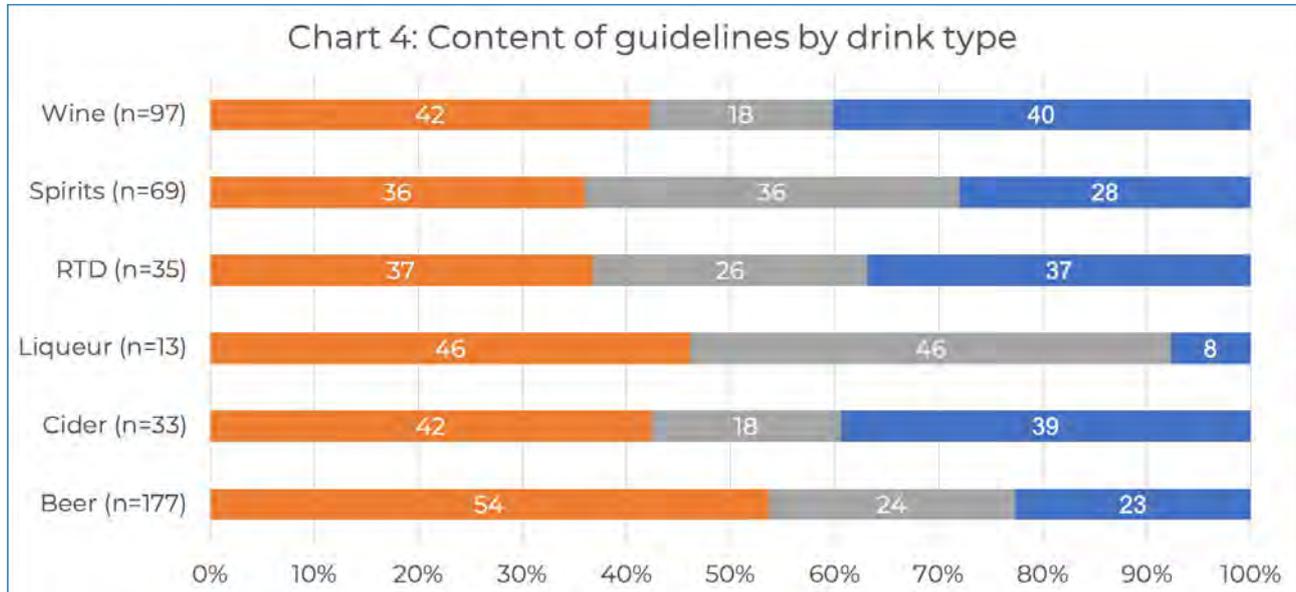
An example of a poor label for drinking guidelines is below. It displays the Republic of Ireland guidelines and includes both ROI and UK unit information, making it confusing and impossible for consumers to calculate how much of their weekly intake they are consuming.

Figure 3: Photo of back label on Carling lager can. Photographed in October 2019 at Tesco Kingston Park, Newcastle.



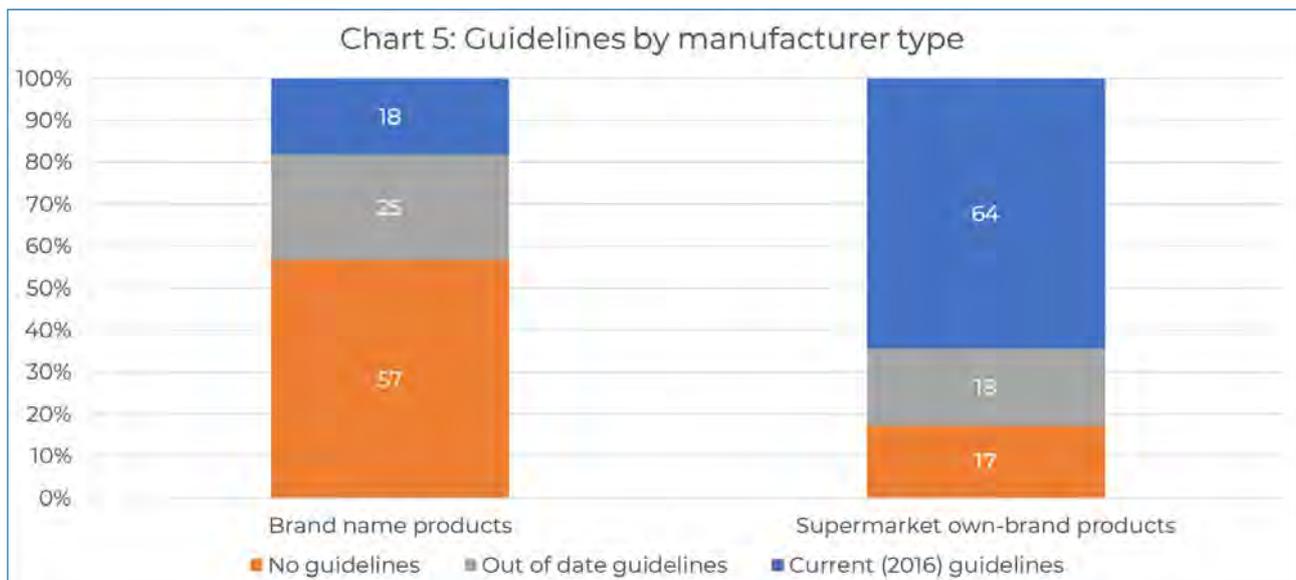
### Low-risk drinking guidelines and drink type

The current low-risk drinking guidelines were most often found on wine (40%), cider (39%), and 'ready to drink' (RTD) (37%) products. Beers were most likely to have no guidelines at all (over three quarters of labels), whereas liqueurs were most likely to be showing out of date guidelines (almost half).



### Low-risk drinking guidelines and manufacturer type

When comparing brand name and supermarket own-brand drinks, supermarket drinks were much more likely to include the current low-risk drinking guidelines (64% compared to 18% of labels). For those containers which did not display the current guidelines, supermarket own-brand products had a much lower proportion of labels with no information at all. Supermarket own-brand products with out of date guidelines tended to be those that would probably have slower stock rotation (such as champagne) rather than high volume drinks (like lagers and wines).



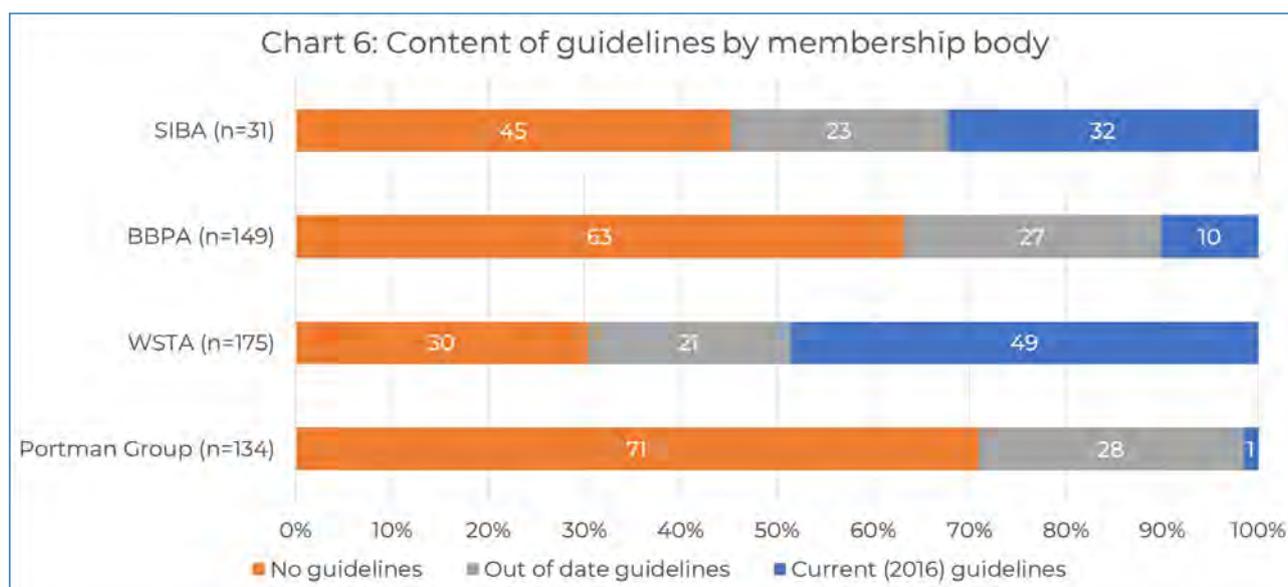
## Low-risk drinking guidelines and membership bodies

Labels produced by members of the Wine and Spirits Trade Association (WSTA) were the most likely to show the current guidelines (58%); however, three in ten labels provided no information at all and a fifth referred to out of date advice.

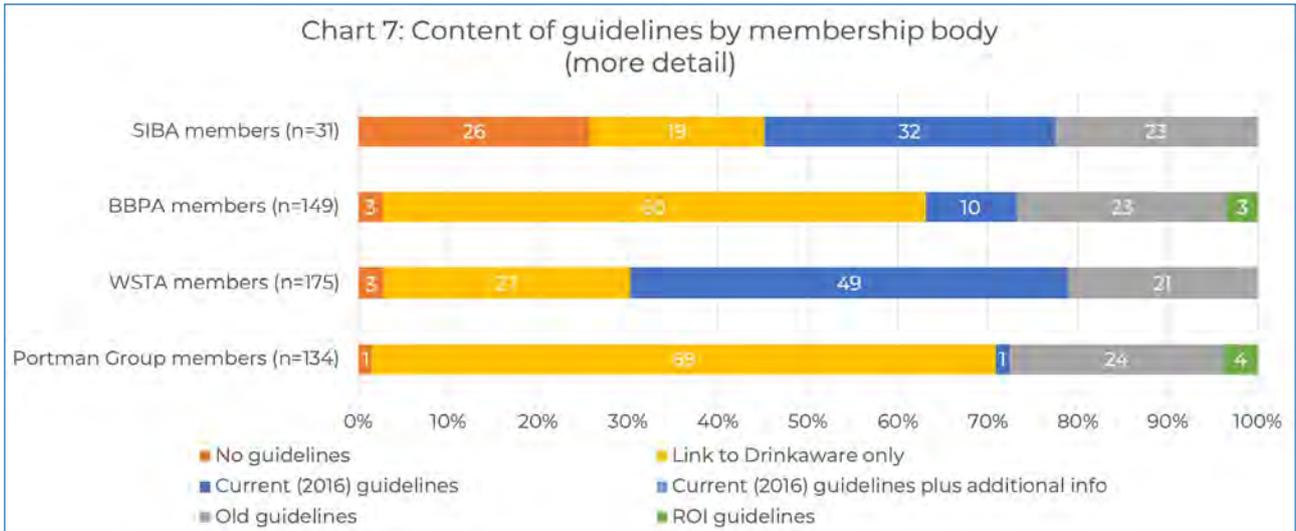
Portman Group funder-members' labels were the least likely to display the current guidelines: only 2% of labels did so, with the majority of labels (69%) showing only a link to the Drinkaware website, 2% having neither guidelines nor link to Drinkaware, and the remaining 28% referring to out of date guidance.

Only 10% of labels on products produced by members of the British Beer and Pubs Association (BBPA) referred to the current drinking guidelines, with the majority of labels providing the old guidelines. Around a third (32%) of labels on products manufactured by Society of Independent Brewers (SIBA) members displayed the current guidelines.

The two charts below show the performance of the labels produced by members of each industry body. Chart 6 shows the broad inclusion or exclusion of the CMOs' low-risk weekly drinking guidelines. Chart 7 shows, in more detail, what content features on their labels, which highlights producers' unhelpful reliance on signposting to the Drinkaware website.

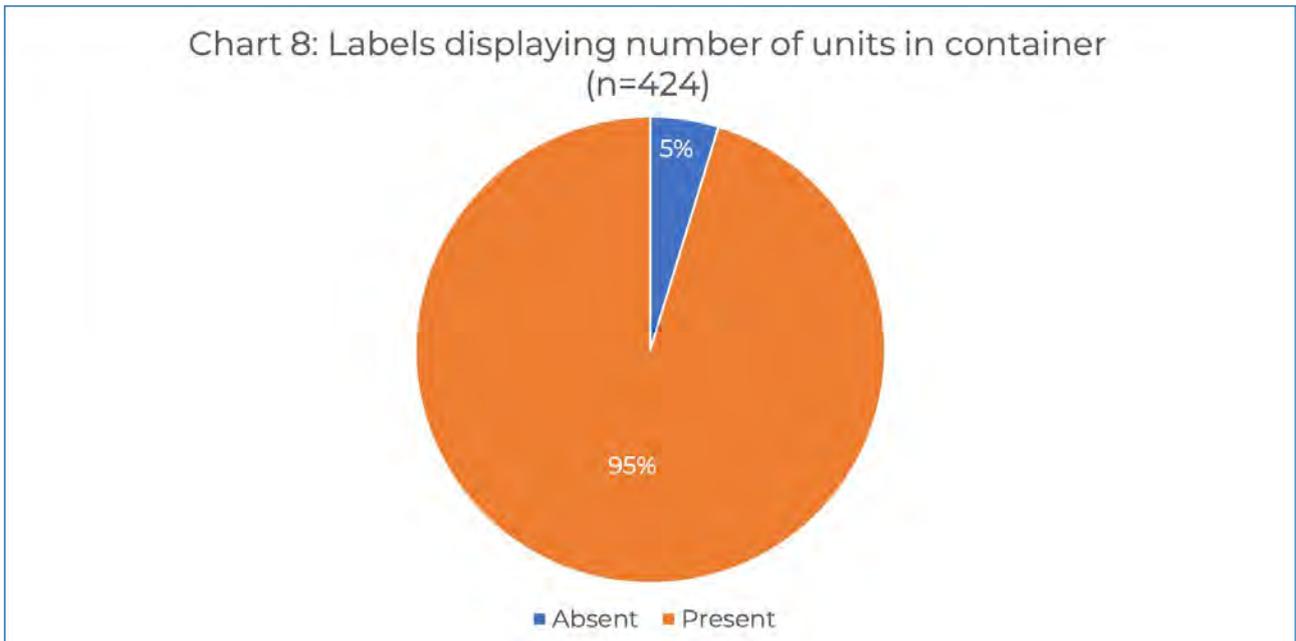


Note: many drinks manufacturers and supermarkets are members of multiple membership bodies, so the sample sizes in the above graph include some overlap.

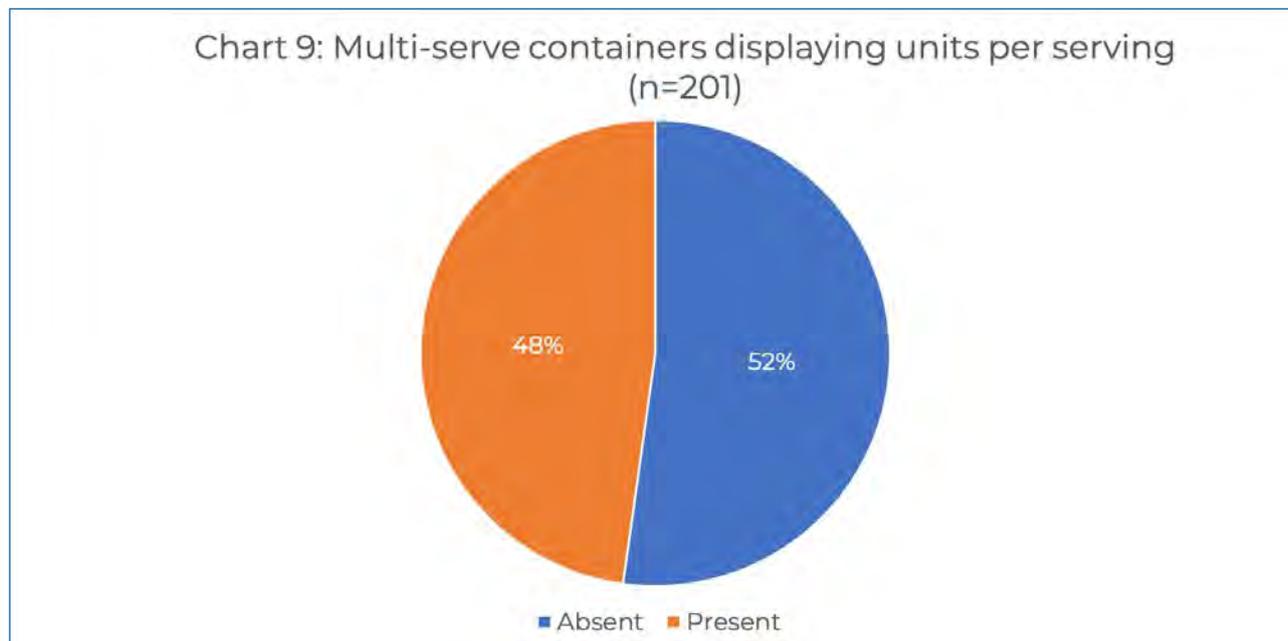


### 3.2. Unit information

The number of alcohol units per container was present on 95% of all 424 labels. Of the 330 containers for which measurements could be taken, 95% had text which was too small, measuring less than 3.5mm. Only 5% measured 3.5mm or more. The text ranged in size from 0.5mm to 7mm, with an average height of 2.1mm, which is smaller than the 3.5mm required for legibility.



In the full sample of 424, there were 201 multi-serve containers (which contain more than one serving) which could have included units per serving on the label. Units per serving was absent from more than half (52%) of these. Of the 82 containers where the text size could be measured, all were below the 3.5mm required for legibility. The size of the text ranged from 0.5-3mm, with an average size of 1.9mm.

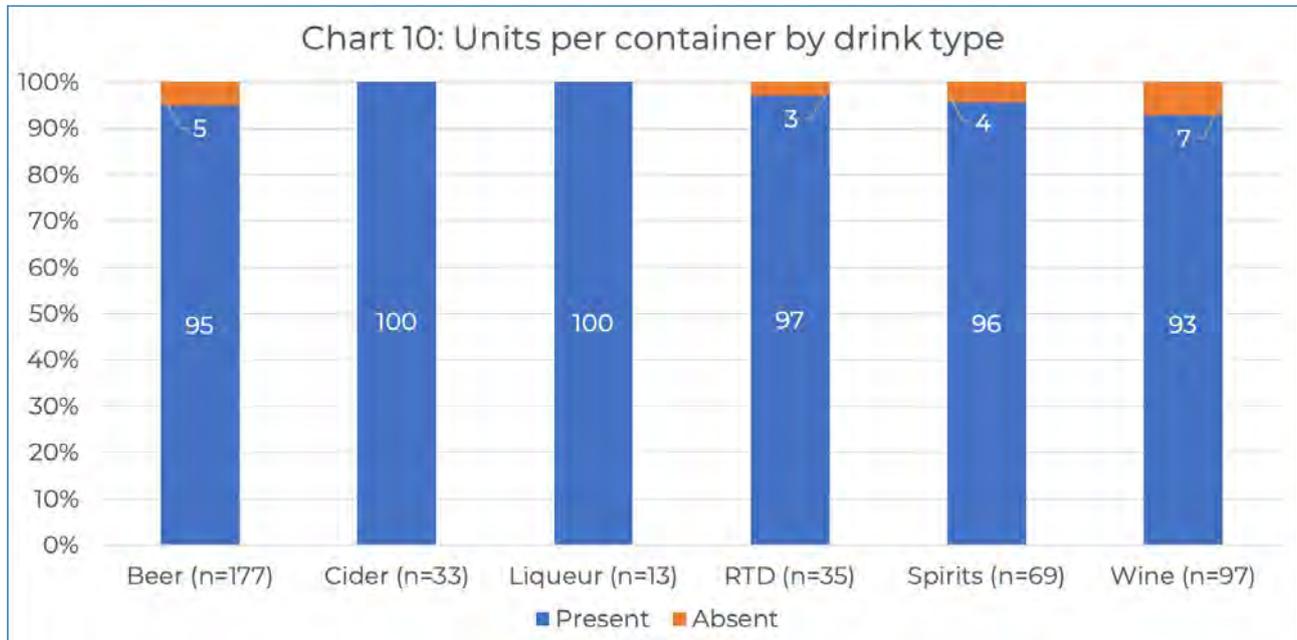


As the research suggests that unit information is most effective in combination with drinking guidelines,<sup>98</sup> the extent to which these two factors were found together on alcohol labels was analysed. Almost all (98%) of the 125 labels that contained the current drinking guidelines also provided the number of units in the container. However, 95% of the 107 products with measurable labels were too small to be clearly legible.

Of the 125 labels that displayed the current guidelines, 60 were multi-serve containers that could provide the number of units per serving; 49 of them did. All the 41 measurable labels were below the minimum size for legibility.

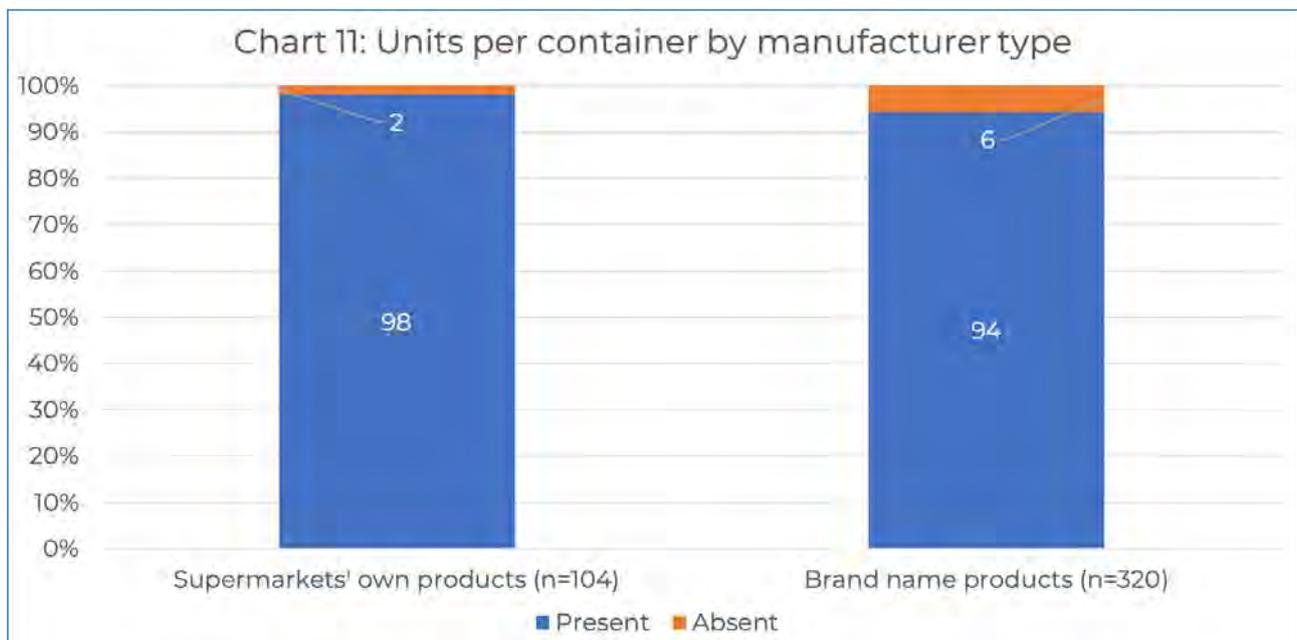
### Unit information and drink type

Although the majority of drinks did display units per container, there was some variety in whether this information was provided across different types of drinks. Wine and beer performed worst for this measure, with 7% and 5% of labels not displaying this information, respectively.



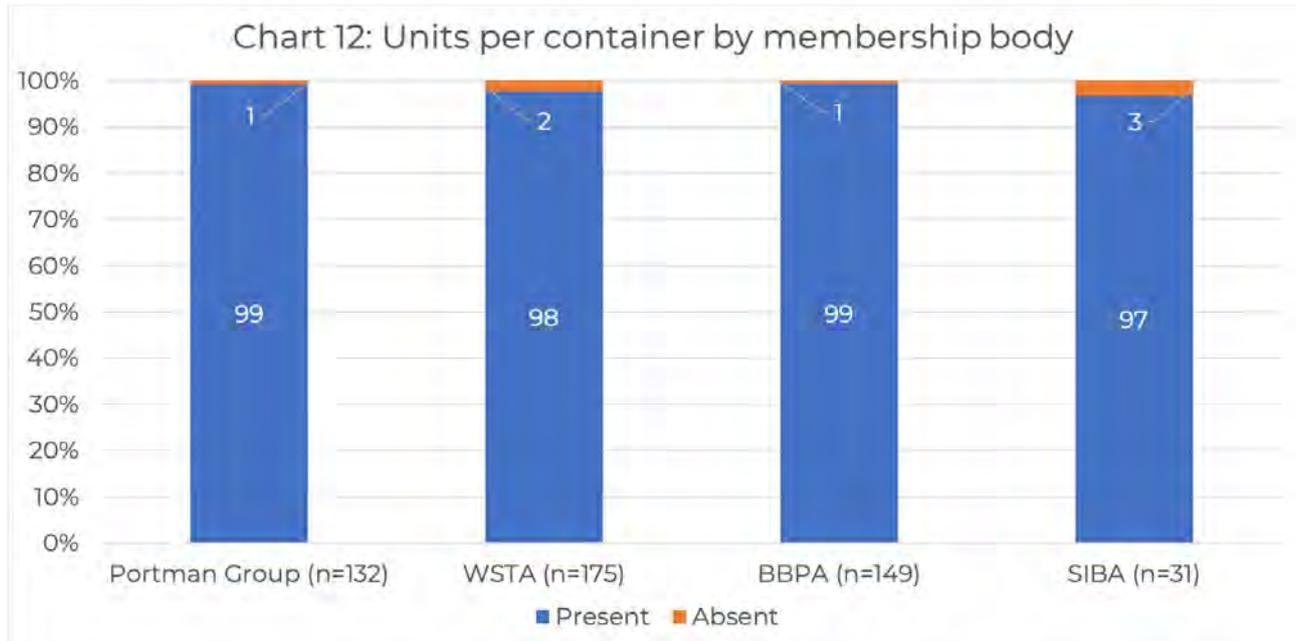
### Unit information and manufacturer type

Both supermarkets' own-brand products and brand name products tended to display the number of units per container on their labels. Only a slight difference was found; the number of units per container was present on slightly more supermarkets' own labels than brand name labels (98% vs 94%).



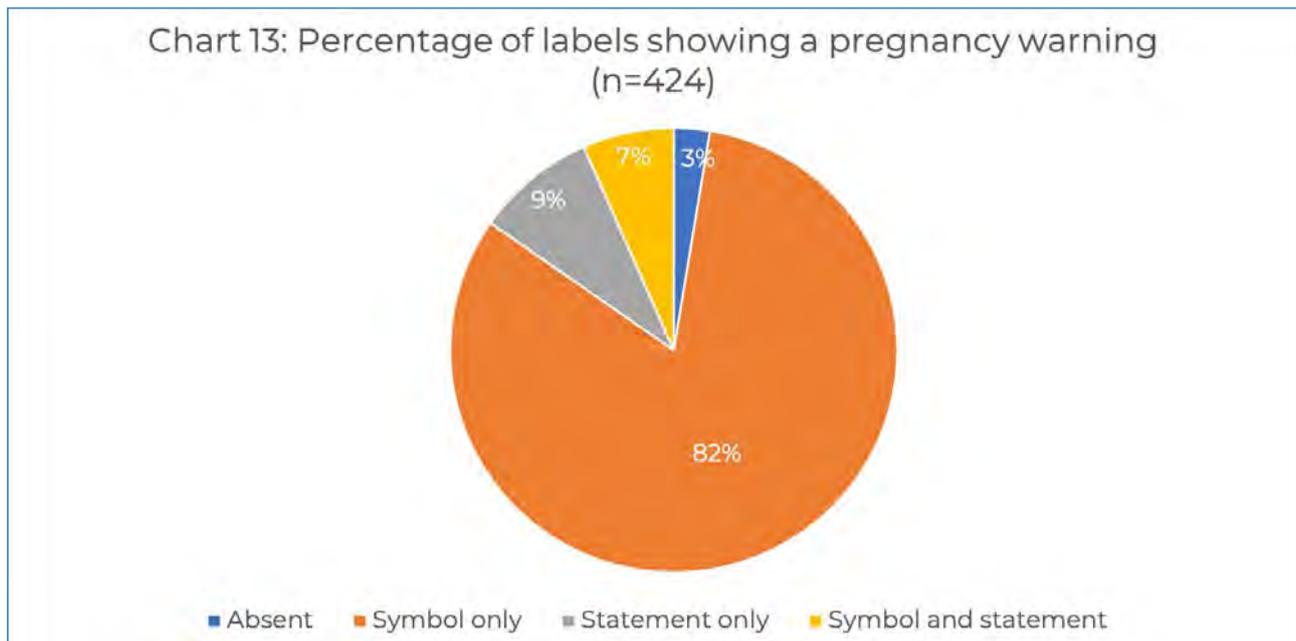
### Unit information and membership body

As with the analysis by manufacturer type, there is little difference between membership bodies since overall units per container was displayed on most labels. Funder-members of the Portman Group and BBPA members performed best, with over 99% of labels displaying units per container. The worst performing was SIBA with 3% of labels not displaying units per container. However, the sample of SIBA products was the smallest and the vast majority of these products' labels did still display units per container.



### 3.3. Pregnancy warning

The vast majority (97%) of labels featured some form of pregnancy warning. A pregnancy logo (depicting a heavily pregnant figure drinking from a glass, with a line through it) was provided on 82% of labels, a written statement (such as 'Avoid alcohol if pregnant or trying to conceive') was found on 9% of labels, and 7% of labels contained both the logo and statement.



The size of the pregnancy logos ranged from 2.5mm to 15mm in diameter, with an average diameter of 6.7mm. 306 were measurable and it was found that 30% were less than 6mm in diameter and therefore too small.

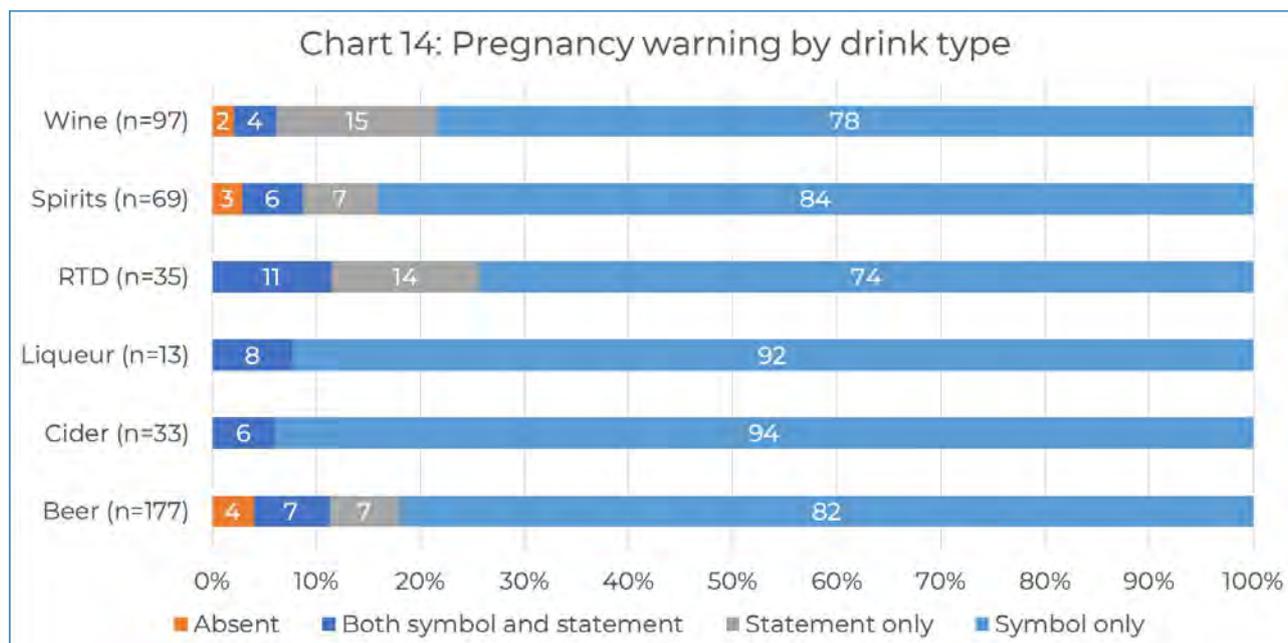
The size of the text of the pregnancy warning statements on the 55 measurable labels ranged from 1mm to 2mm in height, with an average height of 1.7mm. These all fell into our 'too small' category (less than 3.5mm).



### Pregnancy warnings and drink type

Although pregnancy warnings were absent on only a small proportion of labels overall, some differences were found across product categories. Beer labels were the most likely not to carry a pregnancy warning, although the proportion was still small, at 4%. The average size of the pregnancy symbol on beer labels was 6.5mm, with 33% being too small. This is in comparison to wine labels, where the average size of the pregnancy symbol was 6.4mm, with 44% being too small.

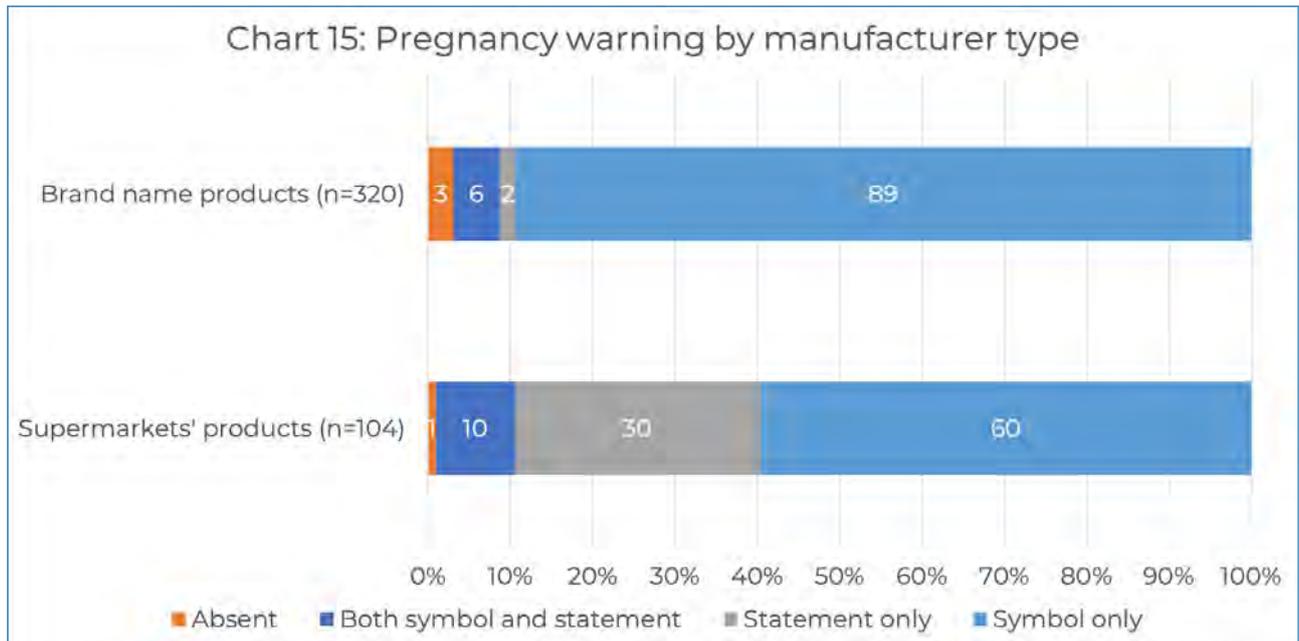
Ready to drink product labels were the most likely (11%) to display both a symbol and a statement warning against drinking during pregnancy.



### Pregnancy warnings and manufacturer type

Supermarkets' own-brand product labels performed slightly better than brand name products, with 99% of their labels featuring a pregnancy warning on the label, compared to 97% for brand name labels.

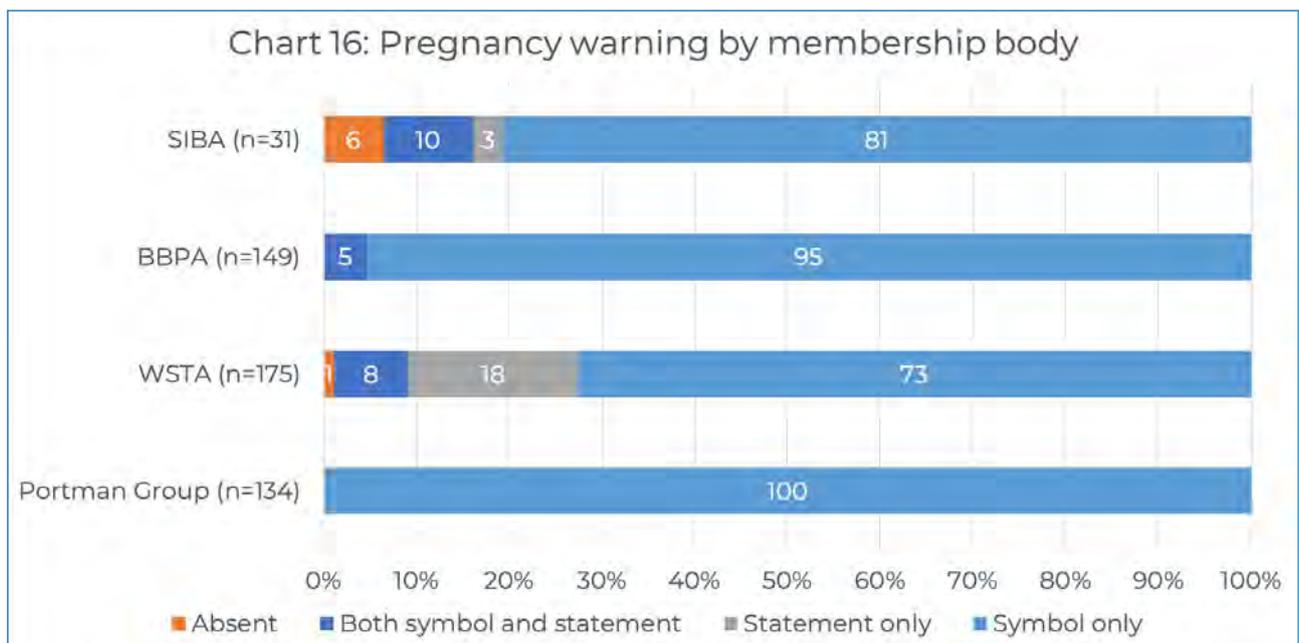
Brand name labels were more likely to display the pregnancy warning in symbol format rather than a written statement.



### Pregnancy warnings and membership body

Labels on products made by SIBA members were least likely to display a pregnancy warning in any form, with 7% of labels surveyed did not display a pregnancy warning. Labels on products made by WSTA members were most likely to display a statement only.

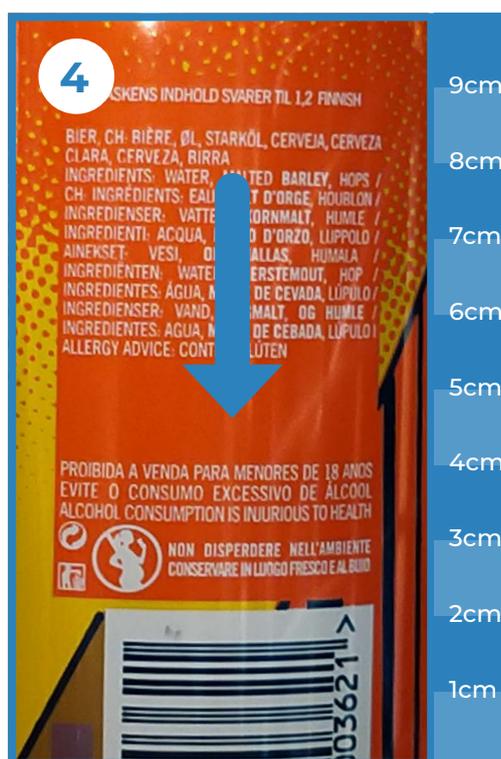
All of the Portman Group members' product labels displayed a symbol only.



### 3.4. Health warnings

Only one product – Brooklyn Defender’s Golden IPA - featured a factual health statement. It read ‘Alcohol consumption is injurious to health’. The other 423 labels either had no statement or only a responsibility statement such as ‘drink responsibly’.

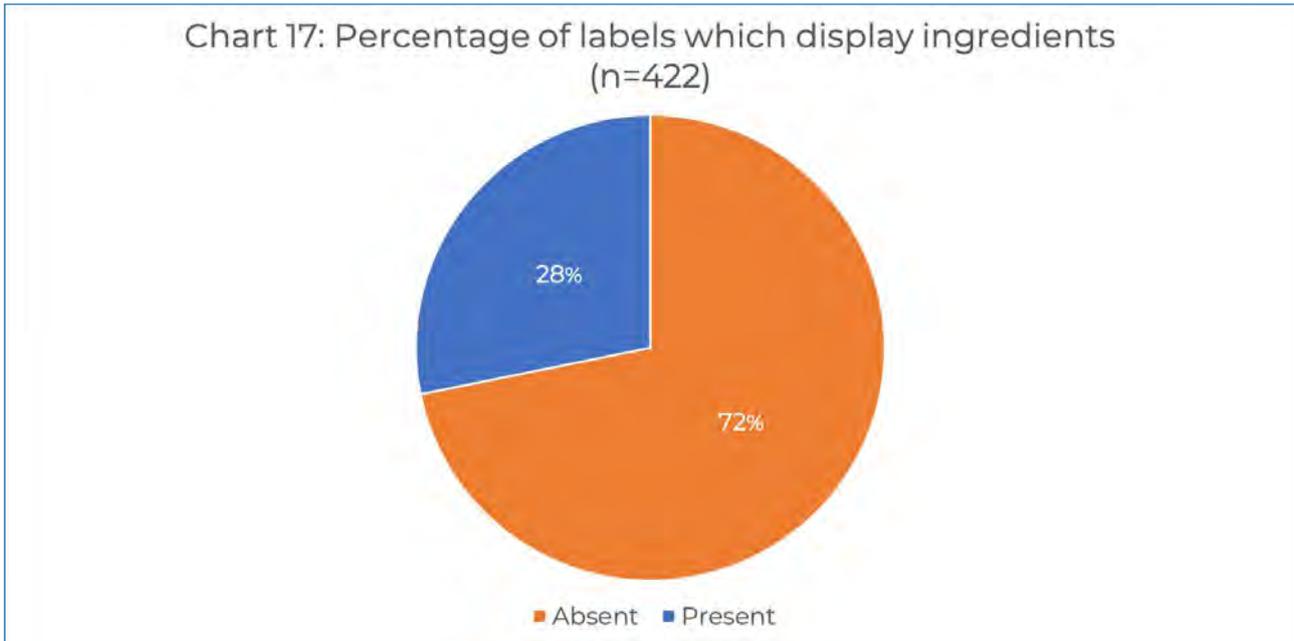
Figure 4: Photo of the back label on Brooklyn Defender Golden IPA. Photographed in October 2019 at Morrisons Hoddesdon.



### 3.5. Ingredients

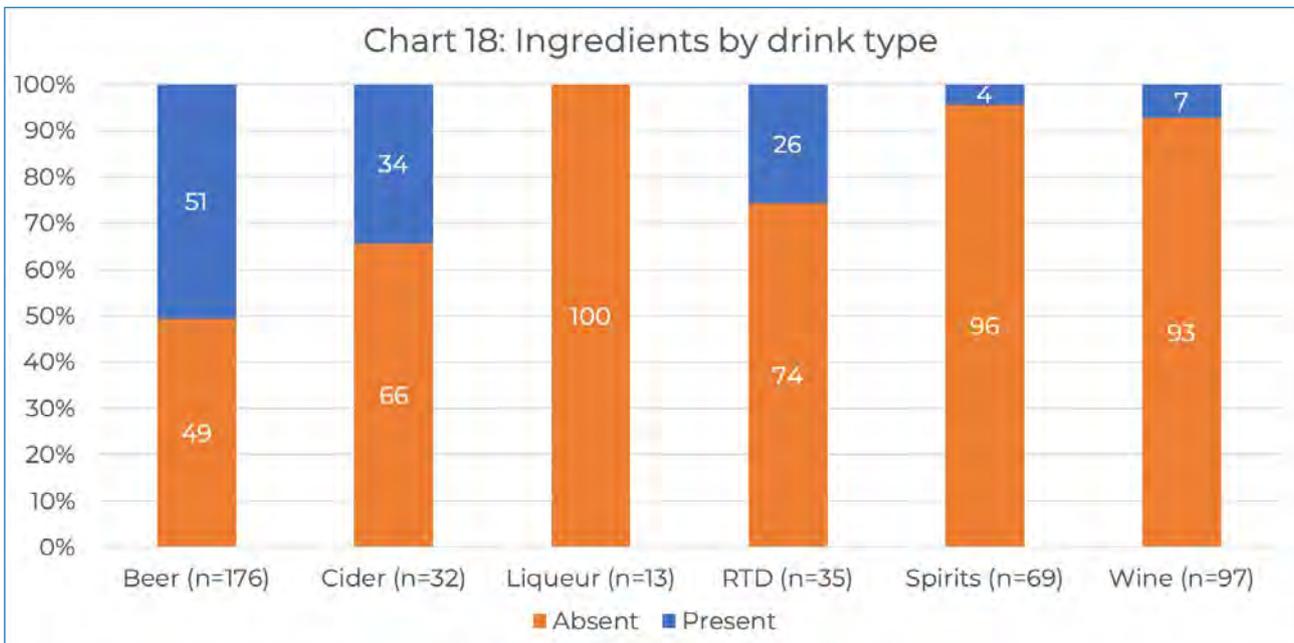
For two of the labels in the sample, it was not possible to discern whether ingredients were present on the label due to the photographs not including the whole packaging. These labels were, therefore, excluded and the sample size for these analyses is 422.

Of the 422 labels for which it was possible to record whether ingredients were present on the label, ingredients were absent from more than two-thirds (72%) of labels and were shown on just 28%.



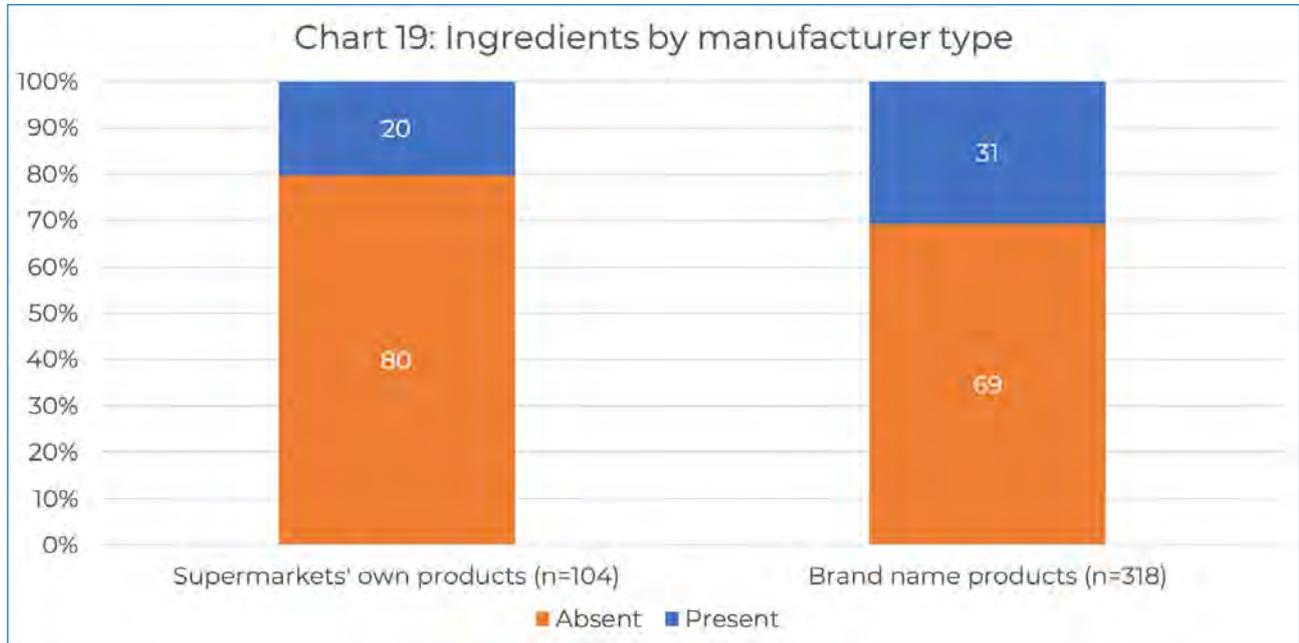
### Ingredients and drink type

Beer product labels were most likely to display ingredients, present on over 50%. Liqueur labels were least likely to display ingredient information; none of the 13 labels reviewed contained this information.



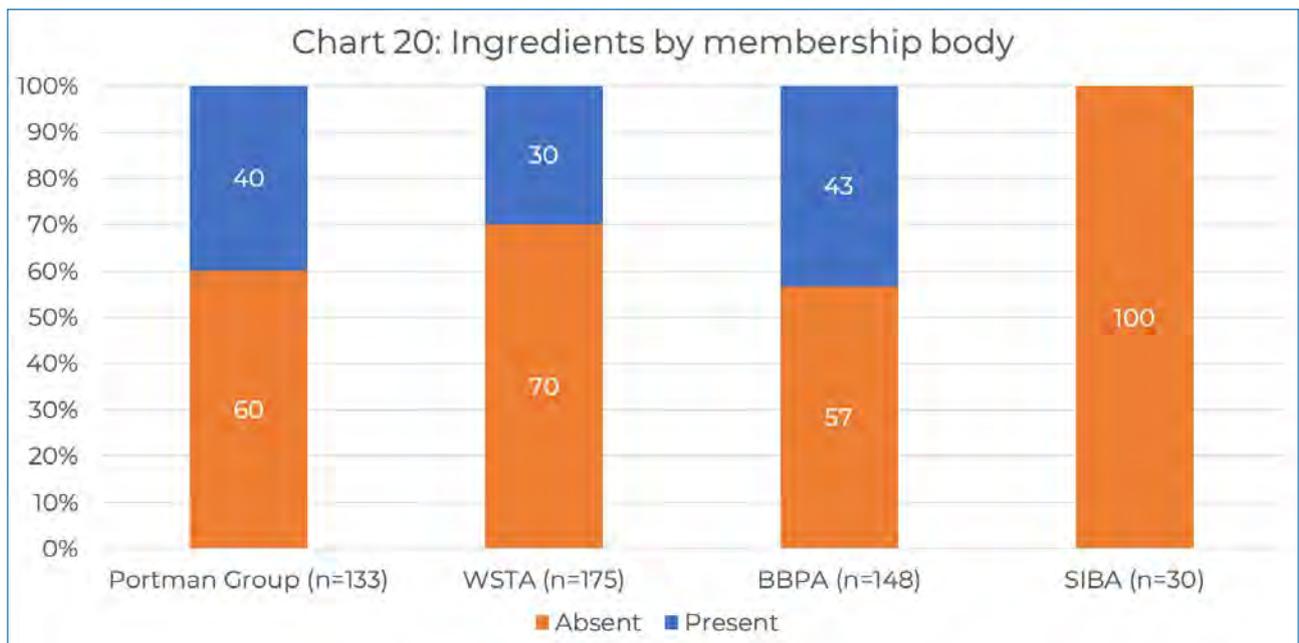
### Ingredients and manufacturer type

Brand name product labels performed better than supermarkets' own products in terms of displaying ingredients. Ingredients were found on 31% of brand name product labels but only 20% of supermarkets' own product labels.



### Ingredients and membership body

Labels from products made by BBPA members were most likely to display ingredients, with 43% doing so, followed by Portman Group funder-members (40%) and WSTA members (30%). None of the SIBA product labels displayed ingredients.



### 3.6. Nutritional information and calories

For two of the labels in the sample, it was not possible to discern whether nutritional information was present due to the photographs not including the whole packaging. Nutritional information was absent from 56% of 422 included labels and shown in full on just 7%. 37% of labels showed calorie information only.

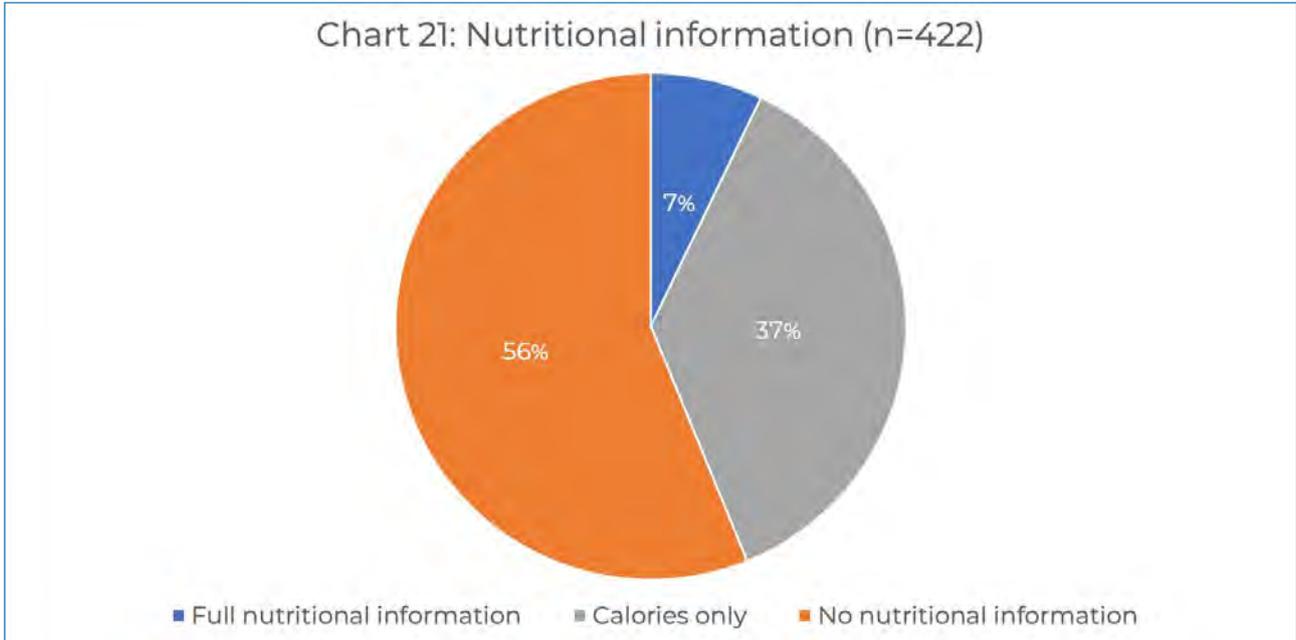
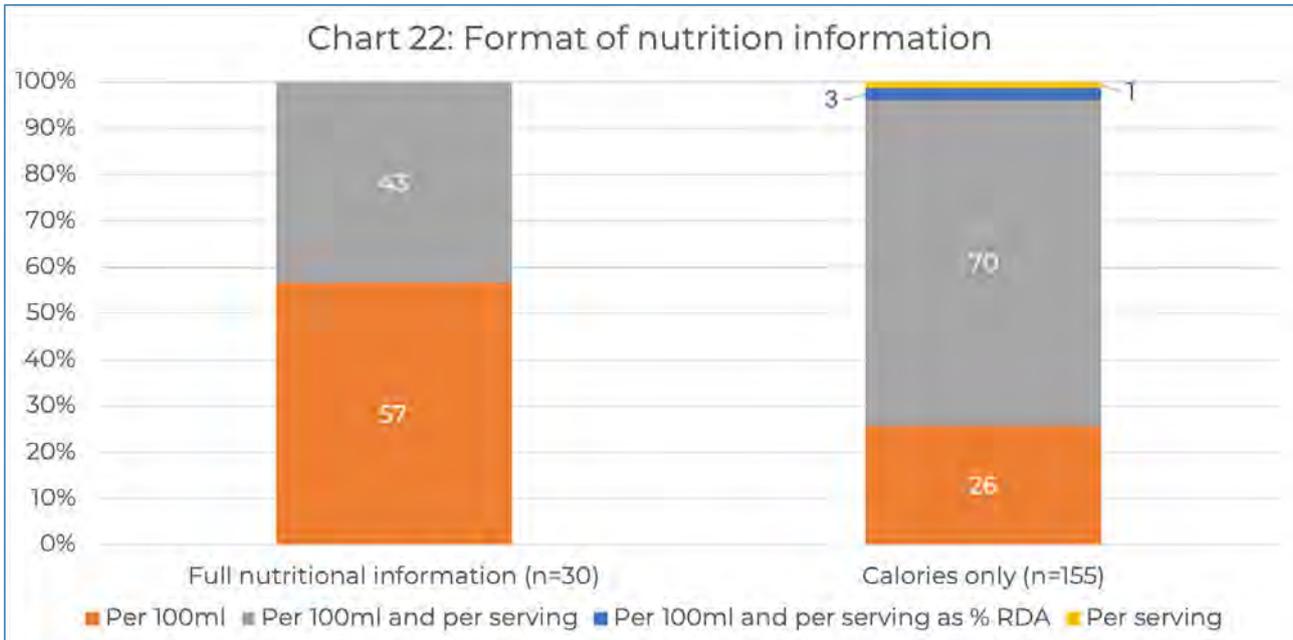


Figure 5: Photo of the back label of Guinness Draught Stout with an example of how full nutritional information can be displayed. Photographed in October 2019 at Aldi Harlow.

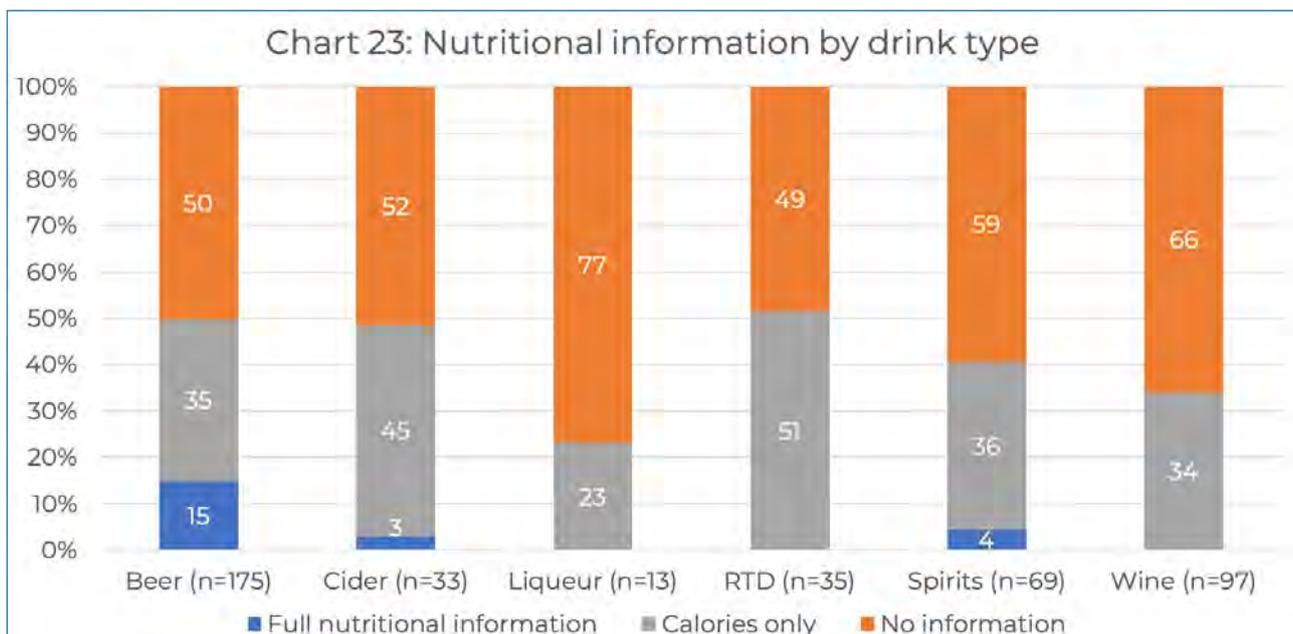
Of the 30 labels which showed full nutritional information, 57% displayed this per 100ml and 43% displayed this per 100ml and per serving. Of the 155 labels which showed calories only, 26% displayed this information per 100ml, 70% displayed this per 100ml and per serving, 3% displayed this per 100ml and per serving as a % of the Recommended Daily Allowance (RDA), and 1% displayed this only per serving.



### Nutritional information, calories and drink type

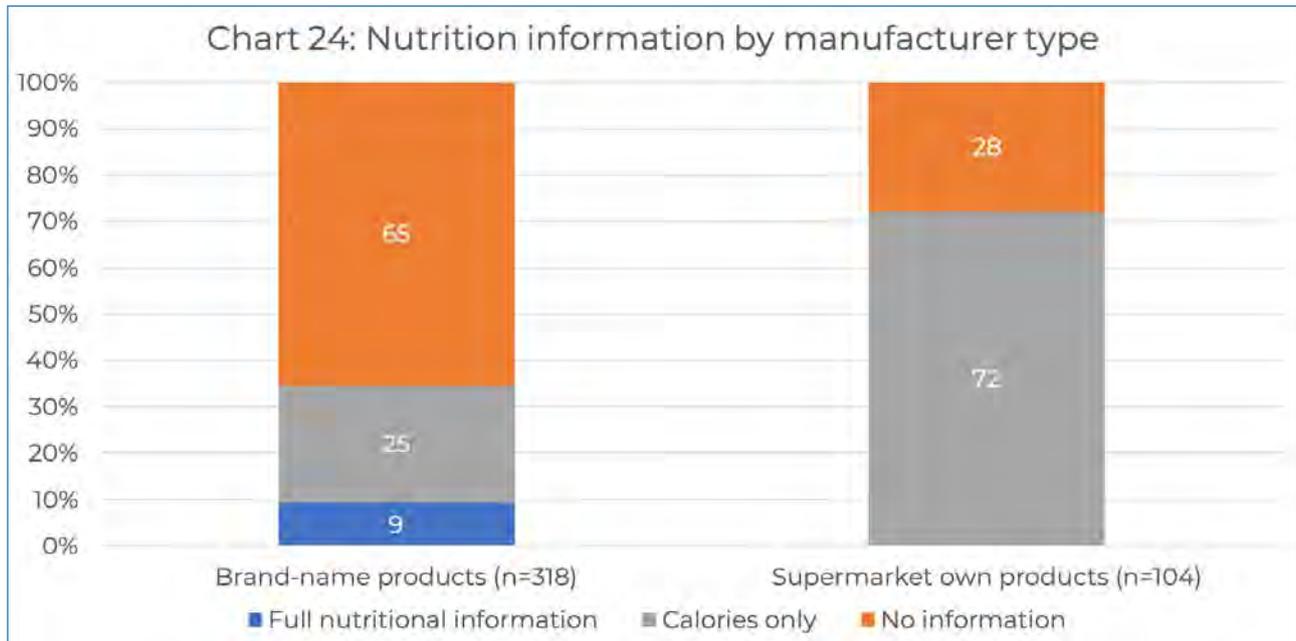
Around half of labels in all drink categories provided no nutritional information at all on their labels, with liqueurs the most likely to provide no nutritional information (77% of labels).

Only spirits, ciders and beers provided full nutritional information, although beers performed best with 15% of labels displaying this. Many more drinks displayed just the calorie information, rather than full nutritional information. Ready to drink products and cider labels were most likely to display calorie information only with approximately 50% of labels doing so.



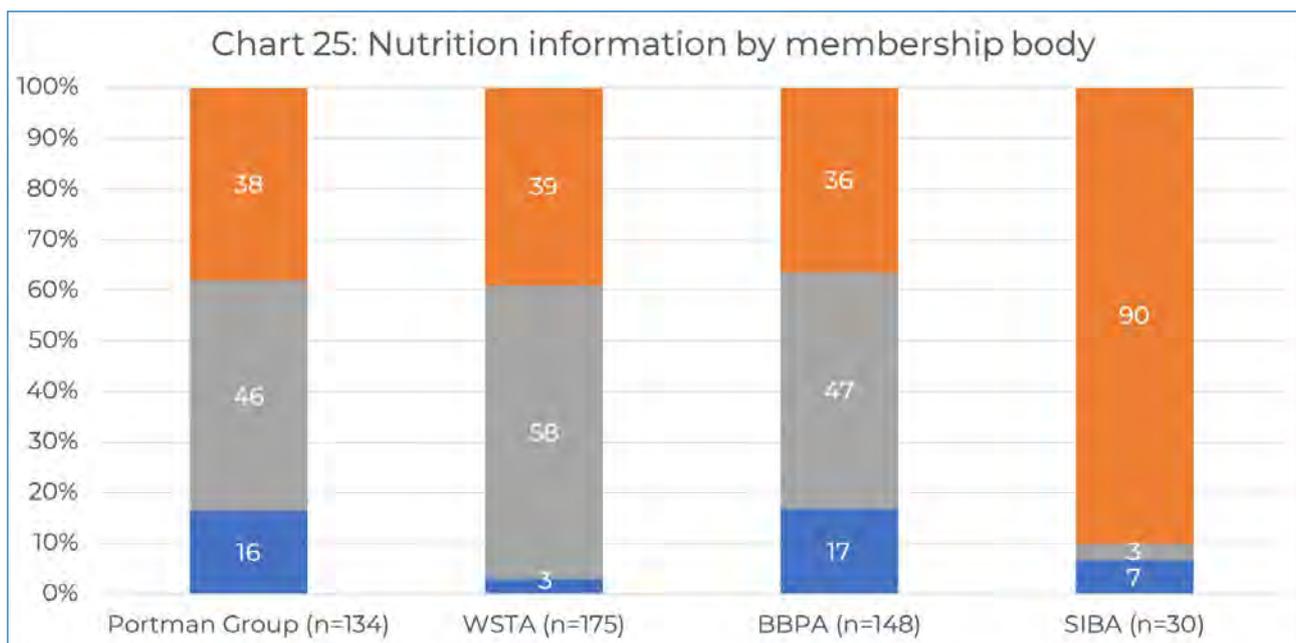
### Nutritional information, calories and manufacturer type

Supermarkets' own-brand product labels were much more likely to display any nutritional information than brand-name labels (72% compared to only 35%). However, none of the supermarkets' own-brand product labels displayed full nutritional information, whilst almost 10% of brand-name product labels did.



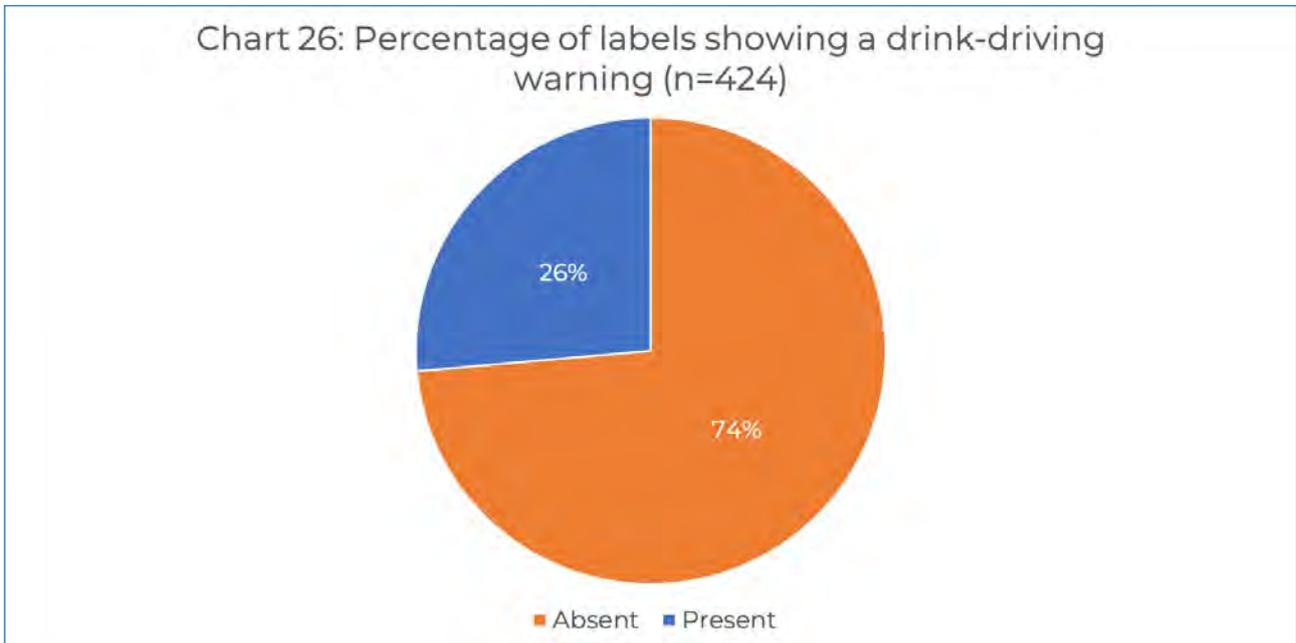
### Nutritional information, calories and membership body

Labels on products made by Portman Group and BBPA members performed best, with around 16% of labels displaying full nutritional information. SIBA members' product labels performed worst, with 90% of products displaying neither full nutritional information nor calorie information only. WSTA member product labels performed best in terms of calorie information only, with 56% of labels displaying calorie information.



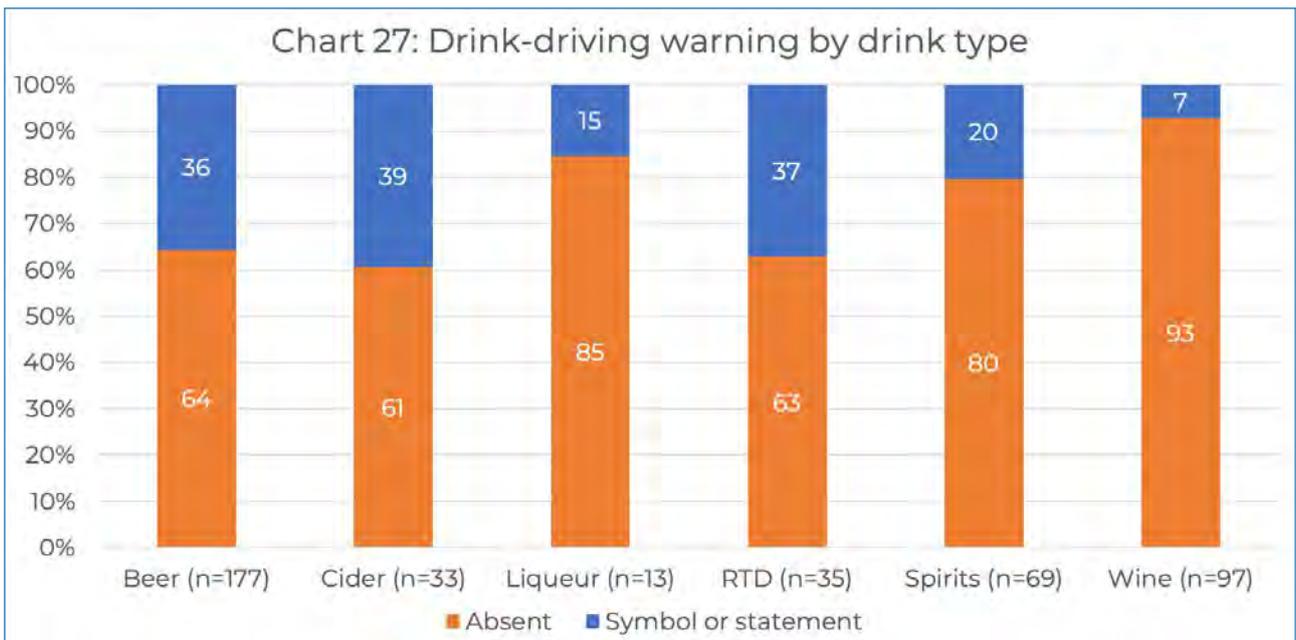
### 3.7 Drink-driving warning

A warning against drink-driving was absent in 74% of labels and present in 26% in either symbol or text format.



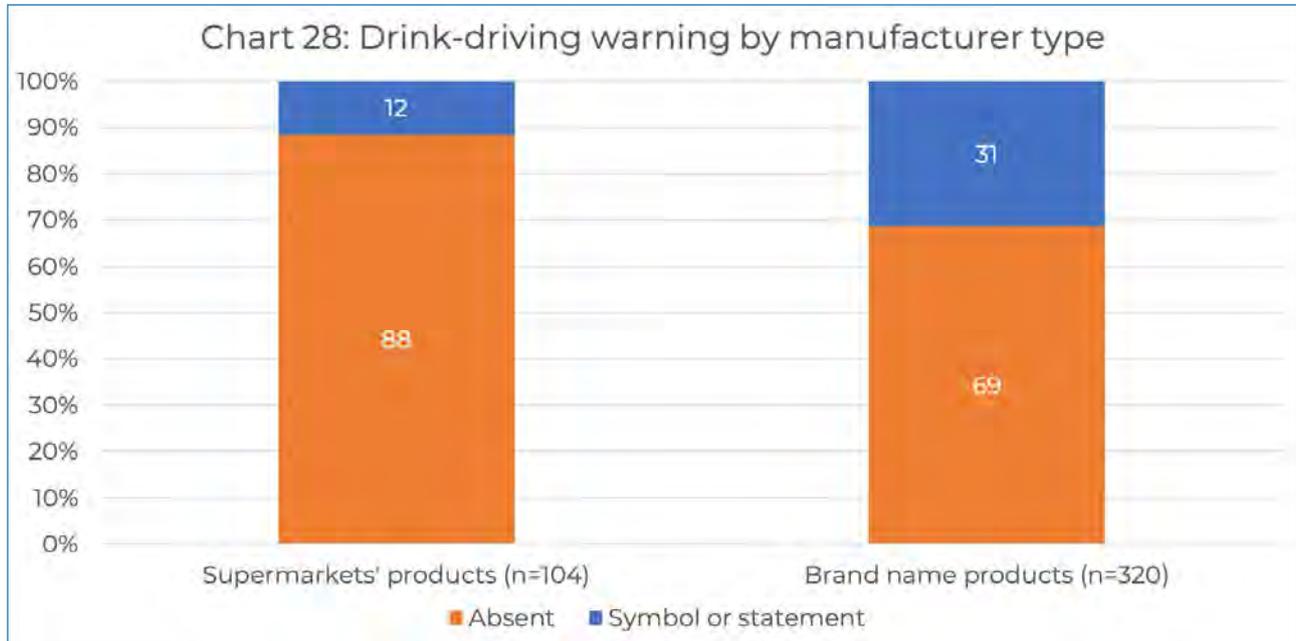
#### Drink-driving warning and drink type

There was great variability among drink types as to whether the label displayed a drink-driving warning. However, for all drink types, over 60% of labels did not display this warning. Labels most likely to display the warning were those on beers, ciders and ready to drink products; around 35-40% did display this warning compared to just 7% of wine labels.



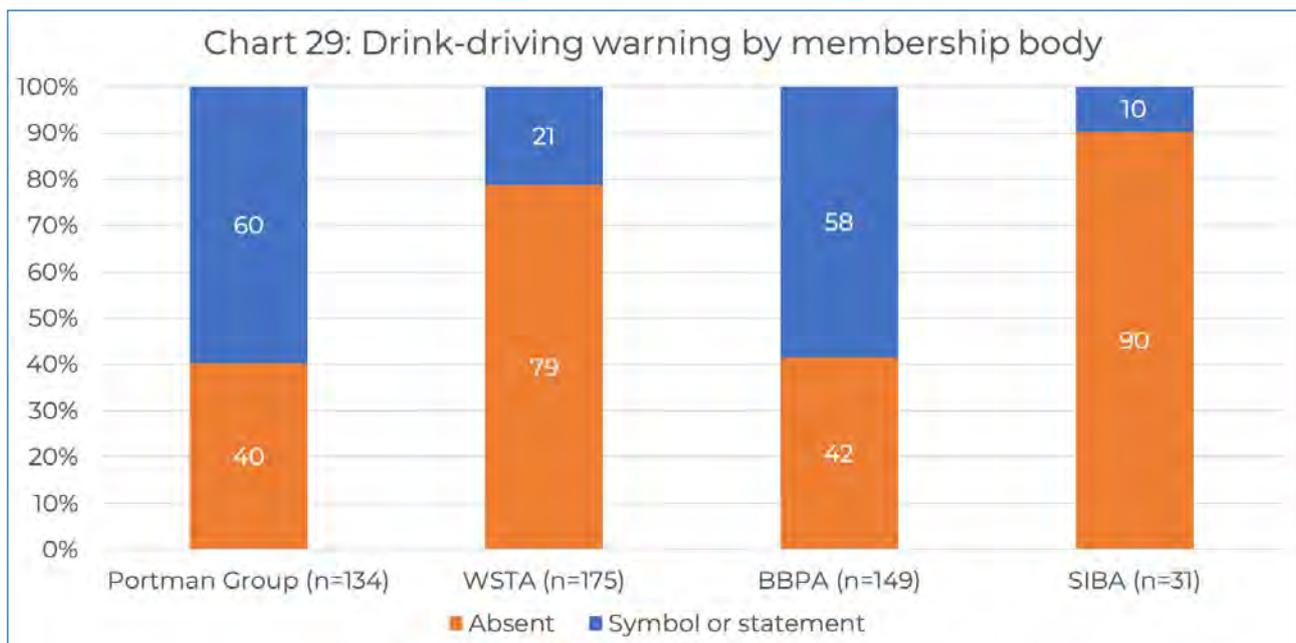
### Drink-driving warning and manufacturer type

Brand name product labels were much more likely to display a drink-driving warning in either symbol or statement format with 31% of labels doing so, compared to 12% for supermarket product labels.



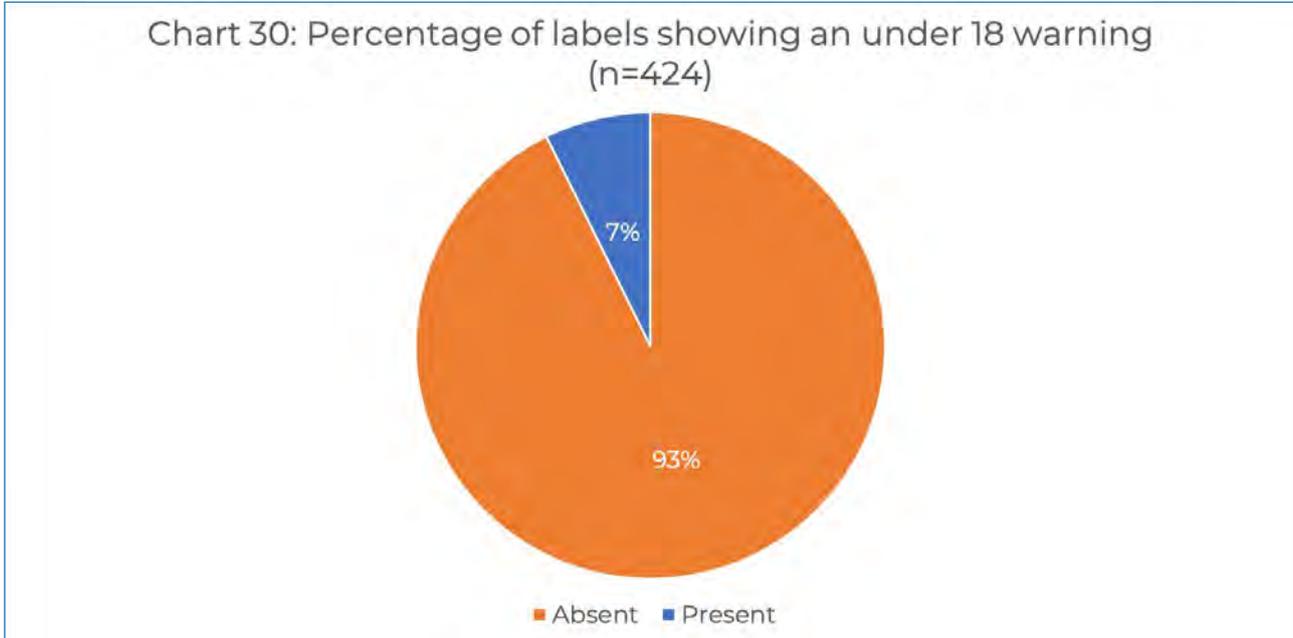
### Drink-driving warning and membership body

Labels on Portman Group funder-members' products performed best on this measure, with 60% displaying either a symbol or a statement warning against drink driving. BBPA members' products also performed well, with 58% of labels displaying a drink-driving warning.



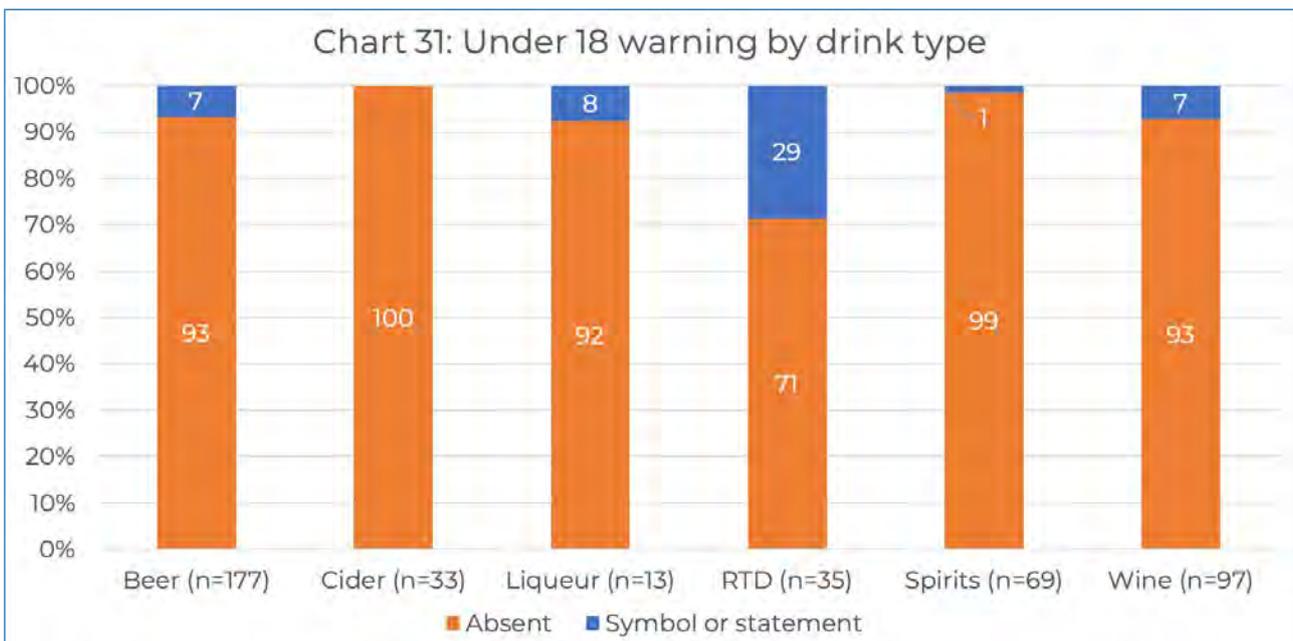
### 3.8 Age (under 18) warning

A small proportion of alcohol producers have chosen to include an age (under 18) warning on their product labels. A warning against children aged under 18 consuming alcohol products was absent from 93% of labels and present on 7% in either symbol or text format.



#### Age (under 18) warning and drink type

Ready to drink product labels were most likely to include this, with just under a third displaying this warning. Warnings were absent for all or nearly all ciders and spirits. Surveys of children in treatment for alcohol issues show that their drinks of choice include ciders, beers and spirits, yet only a fraction of these product labels include the under 18 warning.<sup>99</sup>



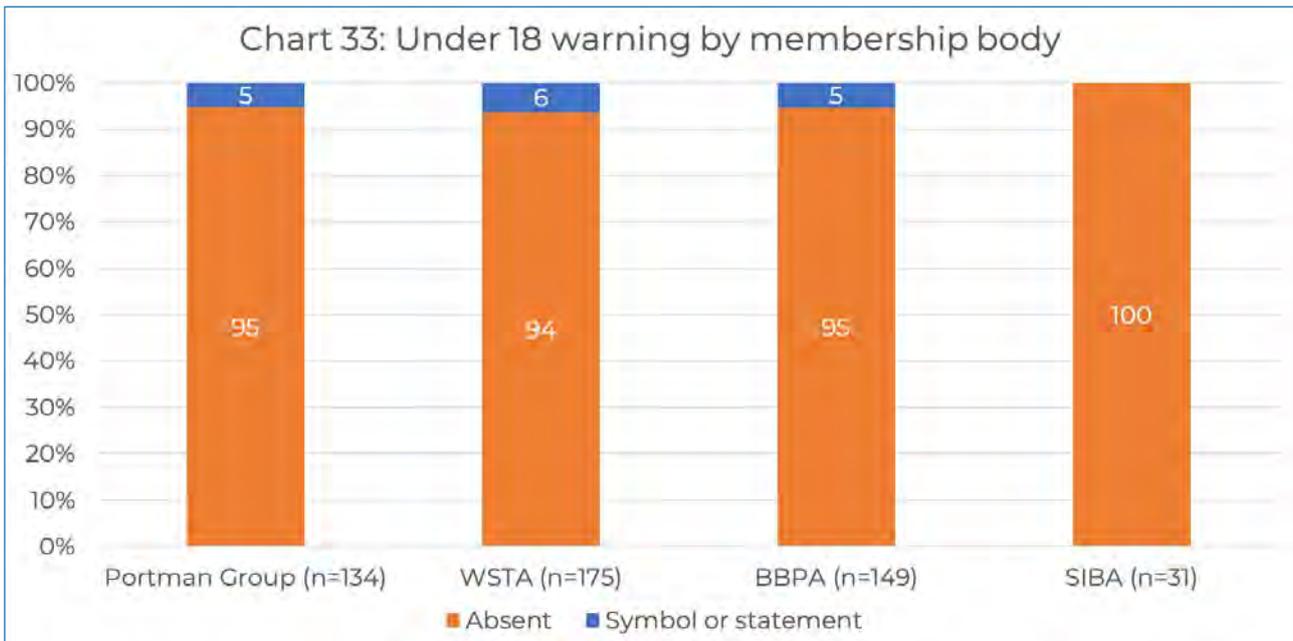
### Age (under 18) warning and manufacturer type

Supermarket own-brand products performed slightly better in terms of displaying an under 18 warning, with 11% of labels doing so, compared with 6% of brand name product labels.



### Age (under 18) warning and membership body

There were marginal differences between the membership bodies in relation to under 18 warnings. More than 90% of labels from all manufacturers did not display an under 18 warning.



## 4. Discussion

The current voluntary approach to alcohol labelling has resulted in an unacceptable situation where the industry has consistently failed to provide consumers with the information they require. This is despite numerous assurances by the industry that it would improve labelling. A recent review from the World Health Organization (WHO) shows that the UK lags behind the European region in terms of what is required of alcohol labelling.<sup>100</sup>

Labels on consumable products fulfil several functions. As well as appealing to customers to buy one product instead of another, they tell consumers what the product contains before they decide to buy it. The content of labels can also provide warnings to potential consumers, raising awareness of the risks associated with consuming the product. The information on labels is usually also present at the point of consumption; a second opportunity for a consumer to be reminded of the risks and potential harms of the product. UK labels on other harmful products, such as tobacco, reflect this logic yet even the labelling of food and soft drinks is more strictly regulated than the labels on alcohol. Although improved labels alone cannot address all alcohol harms, the information they could provide would support behaviour change and help consumers make informed choices.

### 4.1. The CMOs' low-risk drinking guidelines

In January 2016, the UK Chief Medical Officers' updated low-risk drinking guidelines took effect. Based on extensive evidence review and subsequent consultation, the guidelines comprise three main recommendations: a weekly low-risk drinking guideline for regular drinkers; advice on single episodes of drinking; and advice on pregnancy and drinking.<sup>101</sup> In March 2017, the Department of Health suggested the following ways of communicating these guidelines:<sup>102</sup>

- ▶ The phrase "The UK Chief Medical Officers recommend adults do not regularly drink more than 14 units per week"
- ▶ For information on the single episode guideline, a link to [Drinkaware.co.uk](http://Drinkaware.co.uk)
- ▶ A no drinking in pregnancy logo or the phrase "it is safest not to drink alcohol when pregnant".

Communicating the weekly drinking guideline on alcohol labels is key to informing consumers of the health risks of drinking alcohol and enabling them to track their consumption. Four years on, this study has found that most alcohol labels still did not carry this vital information:

- ▶ Only 29% of 424 labels surveyed contained the current CMOs' weekly drinking guidelines. Where the correct guidelines were featured on a label, the text was consistently too small to read easily.
- ▶ 24% of all labels displayed out of date, misleading or not applicable guidelines and 47% displayed no information on low-risk drinking guidelines at all.
- ▶ 95% of labels displayed units in the container but only 48% of multi-serving product labels listed units per serving.

- ▶ Just one label (0.2%) explained that, if you do drink, it is best to spread alcohol consumption over several days, rather than drinking the same amount over fewer occasions.
- ▶ 97% of labels contained a pregnancy warning of some sort, but only 15% of all labels included a written explanation.

Most products in this study provided the number of alcohol units on their labels which would enable consumers to estimate how much they are drinking and help them monitor their consumption.<sup>103,104,105</sup> Most fail, however, to include the CMOs' weekly drinking guideline, which would give the unit information vital context and real-world relevance that research suggests is needed in order to influence behaviour.<sup>106</sup>

A previous study by the AHA in 2018, using a different methodology, found that two-thirds (211 of 320) of labels studied displayed the out of date CMOs' guidelines. In this study, just a quarter of labels displayed the out of date guidelines but nearly half made no mention at all of the current guidelines.<sup>107</sup> This suggests that some manufacturers have simply removed the out of date guidelines without replacing them with the correct guidelines.

Most labels contain a pregnancy warning symbol, with no explanatory text, which fails to describe the nature of the risks. Although pregnancy warnings almost always appeared on labels (albeit often too small), they do not explain the risks associated with drinking while pregnant, which include miscarriage, stillbirth, premature birth, low birthweight and Fetal Alcohol Spectrum Disorder (FASD). This is a significant problem: although it is difficult to assess how many people drink during pregnancy, research from 2017 found that Britain has one of the highest rates of Fetal Alcohol Syndrome in the world, with an estimated 61.3 cases per 10,000 births.<sup>108</sup>

The evidence indicates that the risks of FASD is highest in the first trimester and particularly the first month of pregnancy.<sup>109</sup> Therefore a logo of a heavily pregnant woman risks being rather misleading, especially without any accompanying statement.

This study has not sought to examine whether the CMOs' guidelines, and their recommended communication, are clear or detailed enough to ensure that drinkers grasp the nature of the risks. It is clear, however, that the current guidelines are not included on enough labels.

## 4.2. Health warnings

Alcohol is an addictive and harmful substance linked to more than 200 conditions and diseases.<sup>110</sup> Beyond the three main items of the CMOs' guidelines, information about health harms, that consumers might reasonably demand, was missing from labels. This study found that alcohol labels in the UK do not include health warnings at the point of purchase, despite emerging evidence that their inclusion can have a positive impact on consumer knowledge and behaviour, and can contribute to reducing alcohol harm.<sup>111,112</sup>

The absence of health warnings from all but one label in our sample of 424 is alarming. Even labels that contained the CMOs' guidelines made no mention of the wide-ranging harms caused by alcohol, despite emerging evidence showing that including explicit warnings about health harms could influence positive behaviour change. The alcohol industry chooses to omit this information, while customers choosing to consume harmful products have the right to know the risks they pose to their health. Under the current approach government has no power to drive change, meaning alcohol

consumers are given less information about health harms than consumers of soft drinks, junk food or cigarettes.

Furthermore, some product labels include the entirely inadequate statement 'drink responsibly', which fails to give any objective measure or context for what 'responsibly' means, and includes the imperative 'drink'. The statement does not mention the risks associated with alcohol or activities undertaken after drinking (such as drink-driving). It is open to individual interpretation and therefore risks undermining evidence-based messages. The 'drink responsibly' statement is widely accepted as being "strategically ambiguous" - used by alcohol producers to create a positive corporate image, whilst deliberately eliciting different interpretations from different groups – yet no action has been taken to prevent its use.<sup>113</sup>

There is already ample evidence to support the inclusion of health warnings on all alcohol labels.<sup>114,115,116,117,118,119,120,121</sup> Furthermore, drinkers have the right to this information to help them make choices about their alcohol consumption and health. Future research on the impact of label design and content on behavioural outcomes should focus on identifying the best design features for achieving health benefits for consumers, and on how successful strategies employed on (e.g.) tobacco and unhealthy food labels work when applied to alcohol.<sup>122,123,124,125</sup>

### 4.3. Health-related information

Under the current voluntary approach to labelling, manufacturers can choose to omit ingredients, nutritional information including calories, drink-driving warnings and age (under 18) warnings) from labels, and most do. This study found that:

- ▶ 28% of labels listed ingredients.
- ▶ More than half (56%) of labels included no nutritional information. 37% of labels listed calories without any further information, and just 7% displayed full nutritional information, including calories.
- ▶ 26% of labels showed a drink-driving warning.
- ▶ 7% of labels included an age (under 18) warning.

Inconsistent provision of this information means that consumers cannot guarantee they will readily find the information they need on their preferred products, and they cannot always compare products according to factors which affect their health. This again highlights that allowing manufacturers to choose what to include on labels means consumers have uncertain and inconsistent access to information.

Nutritional information is required by law to be displayed on most food products, with some exemptions for very small manufacturers who supply directly to the final consumer.<sup>126,127</sup> There is no such legal requirement for any alcohol producers. If there were an equivalent requirement for alcohol producers, some very small producers would likely be exempt for a similar reason but the producers in this sample almost all supply large supermarket chains so would not be exempt.

Most products did not include a drink-driving warning, although drink-driving remains a serious cause of alcohol harm in the UK. There were an estimated 250 drink-driving related fatalities in 2017, the highest number since 2009; and fatalities where at least one driver was over the alcohol limit accounted for 13% of road deaths in 2018.<sup>128</sup> As well as conveying the message to drinkers not to drink and drive, research has suggested that drink-driving warnings on alcohol labels can help people intervene in others' risky behaviours by making it feel more socially appropriate to do so.<sup>129</sup>

In the UK, children aged under 18 may not purchase alcohol and adults aged 18 and over must not purchase alcohol for children. Retailers are subject to severe penalties for selling alcohol to children, so tend to impose stringent checks on customers. Although the law on consumption of alcohol by under-18s is somewhat nuanced,<sup>130</sup> the CMOs' guidance is clear: "the healthiest and best option for children is not to drink alcohol. That means everybody under the age of 18 should not drink".<sup>131,132</sup>

Despite this advice, only 7% of labels provided an indication that the product was age-restricted or should not be consumed by children. Not only do 13- and 15-year-olds mostly obtain their alcohol from the home,<sup>133</sup> primary school children have highlighted the variety of settings in which they are exposed to alcoholic products, from their own home to shops, parks and on public transport.<sup>134</sup> Including an age warning on alcoholic drinks would clearly indicate the danger posed to children from alcohol when they come across the products in their everyday lives.

#### 4.4. Variation across products and producers

Beyond the paucity of information in general, the findings of this study are remarkable for the inconsistencies they highlight across drink types, manufacturer types, and memberships of industry bodies.

Given gender imbalances in the consumption of alcoholic drinks, the disparity of labelling across drink types is particularly noteworthy. Evidence shows that men drink more and at higher risk levels than women, are more likely to binge (consume 8 units or more on their heaviest drinking day) when they drink, and are most likely to choose beer when they binge.<sup>135,136</sup> Despite this, beers were least likely to display the current CMOs' low-risk drinking guidelines.

Conversely, retail data shows that around 7 in 10 bottles of wine sold in UK supermarkets are bought by women<sup>137</sup> and women who binge (drink more than 6 units on their heaviest drinking day) are more likely to drink wine.<sup>138</sup> While the inclusion of pregnancy warnings was consistent across drink types, a greater proportion of the warnings on wine bottles was too small to read easily (i.e. below 3.5mm in size for text, or below 6mm in diameter for a logo) than on beer (44% compared to 33%). All products must include better and legible warnings about drinking and pregnancy; products that are predominantly bought or consumed by women currently do worse at this and must urgently improve.

The differences across drink types were particularly stark in the display of nutritional information and calories. Ready to drink products, beers and ciders were most likely to display calorie information with approximately 50% of labels doing so. Conversely, higher calorie wines and liqueurs were the least likely to display calorie information. Furthermore, none of the ready to drink products, liqueurs or wines provided full nutritional information, which obscures the (often considerable) amount of sugar in these products. This echoes findings from an earlier survey by Action on Sugar, which

found that only 9% of RTD product labels they surveyed provided information on sugar content.<sup>139</sup>

Of all the drink categories, beers were most likely to list ingredients and second most likely to have calories on their labels. This may be due, at least in part, to a voluntary commitment by the beer sector at the European level, which has been voluntarily rolling out ingredients listing and energy information since 2015: Brewers of Europe have recommended that all breweries should list ingredients and calories on the labels of pre-packaged beer containers.<sup>140</sup>

The differences this study found between manufacturer types - specifically when comparing supermarket own-brand products and branded drinks - support previous AHA research, which found that most of the products displaying the current drinking guidelines in 2018 were own-brand supermarket products or from independent producers.<sup>141</sup> This study found that supermarkets performed far better than branded products, with 64% of supermarket own-brand labels showing the current guidelines compared to 18% of branded product labels. Supermarket products were more likely than branded products to list ingredients (30% compared to 20%), and to provide some form of nutritional information (72% compared to 35%). However, one-third of supermarket labels still displayed no CMOs' guidelines or out of date guidelines and they were consistently too small to read easily.

## 4.5. The role of alcohol industry bodies

This study analysed findings against manufacturers' membership of industry bodies to explore whether membership of these bodies was associated with better or worse labelling. Trade bodies fulfil different functions, but most are membership networks of producers or retailers with similar interests, who make representations on behalf of their members. Some provide advice on labelling, but none have the power to compel their members to include any information items on their labels. Companies may also be a member of more than one network and therefore subject to multiple sources of advice.

The industry-funded Portman Group is not a trade membership body like the WSTA, BBPA and SIBA. It describes itself on its website as "the alcohol social responsibility body and regulator of alcohol marketing in the UK". This study therefore explored whether products produced by the companies that fund the Portman Group performed differently. At the time of this research, the Portman Group's funder-members were AB InBev, Bacardi, Brown-Forman Carlsberg, Diageo, Heineken, Mast-Jägermeister, Molson Coors and Pernod Ricard.

In 2017, the Portman Group stopped recommending inclusion of the CMOs' guidelines as a minimum element of label content. Despite the Group belatedly encouraging producers to include the CMOs' guidelines in 2019, just 2% of their funder-members' labels we found included them, while 28% displayed out of date information and 69% only contained a link to the alcohol industry-funded Drinkaware website.

Information on websites of industry-funded organisations cannot be trusted, with Drinkaware having been found to misrepresent the evidence on key risks of alcohol consumption during pregnancy<sup>142</sup> and the alcohol-related risk of cancer.<sup>143</sup> Signposting to the Drinkaware website instead of providing health information at point of purchase is also unlikely to have any impact on purchasing behaviour, or to help reduce alcohol harm. Relying on website links alone wrongly assumes that everyone has access to the internet, particularly when out and about. In 2019, only 84% of people in the UK, and just 40% of those aged over 65, used the internet 'on the go'.<sup>144</sup> In addition, evidence

from Australia suggests that very few people go online to look for health information about an alcohol product: only 7.5% of study participants who regularly drank had accessed the Australian equivalent website, Drinkwise.<sup>145</sup> Overall, this evidence means that statutory bodies should not recommend that manufacturers direct consumers to the Drinkaware website.

# 5. Conclusion and recommendations

Alcohol harm is widespread, serious and poorly understood by drinkers. Alcohol labels are one tool, among many, that could help reduce alcohol harm by increasing knowledge of the health risks and prompting behaviour change. This research shows that alcohol manufacturers are still not providing consumers with sufficient information on product labels. The current system of voluntary labelling practices has failed to tackle the inconsistency, inadequacy and poor quality of alcohol labelling.

People have a right to know what is in the drinks they buy and consume but there are currently very few requirements placed on alcohol manufacturers and many choose not to give consumers all the information they need and deserve by right. Government action is urgently needed to protect and promote consumers' right to information.

It is the Alcohol Health Alliance's position that the list of items identified for consideration in the recent World Health Organization (WHO) review, and recommended for inclusion on labels by previous AHA and RSPH reports, must be included on all alcohol labels.<sup>146,147,148</sup>

These are:

- ▶ The UK CMOs' 14-units weekly low-risk drinking guidelines
- ▶ Alcohol content and units in container and per serving
- ▶ A pregnancy warning
- ▶ A health warning
- ▶ ingredients and nutritional information, including calories"
- ▶ A drink-driving warning
- ▶ An age (under-18) warning

It must not be left to industry to decide what information they provide consumers – it is for government to require this according to evidence, to protect its citizens and their rights. The UK Government and devolved administrations must act now to ensure that consumers have the information they need at the point of purchase to make informed choices about the alcohol they buy and consume. The voluntary approach has failed – not just now but consistently over the last 20 years.

The Scottish Government has recently noted the inadequate progress made towards all alcohol labels displaying the necessary information and is prepared to legislate in Scotland if industry progress is inadequate. The AHA strongly supports the immediate implementation of such an approach across the UK as well as in Scotland.

As a result of this study, and in order to achieve consistent, appropriate and effective alcohol labelling in the UK, the AHA recommends the following:

### **Recommendation 1**

The UK Government and devolved administrations must give a new or existing independent agency appropriate powers to mandate, monitor and enforce what appears on alcohol labels, working in the interests of public health and consumer rights and free from influence or interference from corporate interests.

### **Recommendation 2**

The labelling requirements set by this agency should be guided by the considerations and best practice laid out in the WHO's major European review of alcohol labelling.<sup>149</sup> In particular, label content and design should be specified, according to evidence of effectiveness of: messaging; presentation (size, colour, etc.); and positioning on the container.

# Appendix

## Stores visited

1. Aldi, Harlow, Essex, South East
2. Asda, Harlow, Essex, South East
3. Cooperative, Harlow, Essex, South East
4. Cooperative, King's Cross, London
5. Lidl, Cardiff, Wales
6. Lidl, Harlow, Essex, South East
7. Marks & Spencer, Bishops Stortford, Hertfordshire, South East
8. Morrisons, Hoddesdon, Hertfordshire, South East
9. Morrisons, Consett, North East
10. Sainsbury's, Harlow, Essex, South East
11. Sainsbury's, Cardiff, Wales
12. Tesco, Ayr, Scotland
13. Tesco, Cardiff, Wales
14. Tesco, Harlow, Essex, South East
15. Tesco, Kingston Park, Newcastle, North East
16. Tesco, Tottenham Hale, London
17. Waitrose, Bishops Stortford, South East
18. Iceland, Islington, London
19. Independent grocer, Islington, London

## Listed products collected across locations

1. Beer - Guinness (can or bottle, single or multipack)
2. Beer - Stella Artois (can or bottle, single or multipack)
3. Beer - Budweiser (can or bottle, single or multipack)
4. Beer - Fosters (can or bottle, single or multipack)
5. Beer - Carling (can or bottle, single or multipack)
6. Beer - Kingfisher (can or bottle, single or multipack)
7. Beer - Corona (can or bottle, single or multipack)
8. Cider - Strongbow (can or bottle, single or multipack)
9. Cider - Frosty Jack's (bottle)
10. Wine - Hardy's (red, white or sparkling, full size bottle)
11. Wine - E&J Gallo (red, white or sparkling, full size bottle)
12. Wine - Campo Viejo (red, white or sparkling, full size bottle)
13. Spirits and liqueurs - Jack Daniel's (bottle, at least 350ml)
14. Spirits and liqueurs - Gordon's gin (bottle, at least 350ml)
15. Spirits and liqueurs - Smirnoff vodka (bottle, at least 350ml)
16. Alcopop and Ready to Drink - WKD (bottle, single serve)
17. Alcopop and Ready to Drink - Gordon's gin and tonic (can, single serve)
18. 1 own brand bottled spirit (vodka, gin, whisky or rum, any size)
19. 1 own brand tinned beer (lager, ale, stout etc, can or bottle, single or multipack)
20. 1 own brand pre mixed drink (e.g. gin and tonic, can, single serving)

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