

CONTRIBUTION BY MOVENDI INTERNATIONAL TO THE TRIS NOTIFICATION NUMBER: 2022/441/IRL OF DRAFT REGULATIONS UNDER SECTION 12 OF THE PUBLIC HEALTH ALCOHOL ACT 2018

Who are we?

Movendi International is the largest independent global movement for development through alcohol policy. We unite, strengthen, and empower civil society to tackle alcohol harm as serious obstacle to development on personal, community, societal and global level.

Movendi International is in Official Relations with the World Health Organization and a founding partner of the WHO SAFER initiative. Movendi International hold Special Consultative Status with the United Nations Economic and Social Council (ECOSOC).

More than 130 member organizations from more than 50 countries work together under the umbrella of Movendi International to prevent and reduce the harm caused by the alcohol industry in a comprehensive approach. In 2020 we directly reached more than 24.000.000 people through our work.

We stand for the most comprehensive response to alcohol harm, working with prevention and treatment and rehabilitation, as well as advocacy, awareness raising campaigns and to expose and counter-act the unethical business practices of the alcohol industry. Movendi International works to protect people, communities, and policy-making processes from interference by the alcohol industry. We partner with governments to help advance evidence-based public health solutions. We also work for translating evidence into action, to increase the public's recognition of alcohol harm.

We act as the secretariat for the Alcohol Policy Futures Platform and the World Assembly for Community Action on Alcohol.

Movendi International welcomes the opportunity to share our views on the TRIS notification about alcohol warning labeling in Ireland. In addition to our own contribution, we strongly support the contributions made by Alcohol Action Ireland and IOGT-NTO.

This submission – content

We have structured our submission in seven short chapters:

1. The international context of Ireland’s TRIS Notification concerning the 2018 Public Health (Alcohol) Act
2. Ireland’s TRIS Notification concerning the 2018 Public Health (Alcohol) Act
 - a. The proposal is legitimate and proportionate according to current EU provisions
3. Why Movendi International supports the Irish government’s legislation on labelling of alcohol products, and the modalities of the Draft Regulations
4. Human rights context
5. No ordinary commodity: Why the scope and extent of alcohol matters
6. The need for increased public awareness on the health risks of alcohol consumption
7. Alcohol industry conflict of interest

The international context of Ireland's TRIS Notification concerning the 2018 Public Health (Alcohol) Act

Movendi International welcomes and supports the Irish government's commitment to protect people and communities from alcohol harm, including through introducing health warning labels on alcoholic products.

Movendi International has supported the adoption and implementation of the Public Health (Alcohol) Act in Ireland as an evidence-based, comprehensive approach to the country's alcohol burden.

The Irish government has a Human Rights obligation to protect the Irish people from the harms caused by the alcohol industry. Article 38 of the Charter of Fundamental Rights of the European Union is one example of stipulations that require the Irish and all other government in the European Union to introduce warning labeling on alcohol products.

Alcohol is no ordinary commodity. The products and practices of the alcohol industry are causing severe harms to health, society, and the economy.

The proposed health warnings are an evidence-based solution to help increase public recognition of risks and harms linked to alcohol.

The proposal is further aligned with the values expressed by the European Commission in Europe's Beating Cancer Plan.

The Irish government has made international voluntary commitments to protect the Irish people from alcohol harm: the 2010 WHO Global Alcohol Strategy, the 2013 WHO Global NCDs Action Plan, the Agenda 2030 and SDGs that include target 3.5 on reducing per capita alcohol use, and the 2022 WHO Global Alcohol Action Plan, as well as the 2022 European Framework for Action on Alcohol.

4 concrete examples:

#1 WHO Global Alcohol Strategy – unanimously adopted by the World Health Assembly in 2010

The World Health Organization's Global Alcohol Strategy stipulates labelling as policy option/ intervention in national leadership area 8 (f):

“providing consumer information about, and labelling alcoholic beverages to indicate, the harm related to alcohol.”

#2 WHO Global Action Plan – unanimously adopted by the World Health Assembly in 2022

The World Health Organization’s Global Alcohol Action Plan stipulates under Action Area 2, Action 8 for Member States:

“Ensure appropriate consumer protection measures through the development and implementation of labelling requirements for alcoholic beverages that display essential information for health protection on alcohol content in a way that is understood by consumers and also provides information on other ingredients with potential impact on the health of consumers, caloric value and health warnings.”

#3 WHO Europe Framework for Action on Alcohol – unanimously adopted by the WHO Europe Regional Committee in 2022

The WHO European Framework for Action on Alcohol contains as one of six focus areas for priority action: “Health information, with a specific focus on alcohol labelling”.

Stipulated priorities for action are:

- b) “statutory labelling requirements informed by WHO guidance, with labels that include nutrition and ingredients as well as health warnings;” and
- e) “consideration of the principle of a statutory ‘right to know’ for consumers in relation to the content of alcoholic beverages and related risks.”

#4 SDG 3.5 of the 2030 Agenda – unanimously adopted by the UN General Assembly in 2015

The 2030 Agenda contains a concrete target for countries to reduce alcohol harm. It stipulates a reduction of population-level alcohol use, as per indicator 3.5.2:

“Alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol”

All these decisions, strategies, action plans, frameworks, and agendas illustrate the importance of accelerating action on alcohol harm and the international consensus

about which policy solutions are most cost-effective, feasible, and cost-effective to improve health and development through alcohol policy. Health warning labeling is clearly one of those interventions.

Ireland's TRIS Notification concerning the 2018 Public Health (Alcohol) Act

These regulations establish the modalities of how the law will be applied on all alcohol products and how the information prescribed will be presented to the consumer in an On-Trade environment.

The principal points of information to be conveyed on-product are:

- A warning to inform people of the danger of alcohol consumption.
- A warning to inform people of the danger of alcohol consumption when pregnant.
- A warning to inform people of the direct link between alcohol and fatal cancers.
- The quantity of grams of alcohol contained in the product.
- The number of calories contained in the alcohol product.
- A link to a health service website which gives information on alcohol and related harms.

Movendi International strongly supports the Irish government's legislation on labelling of alcohol products, and the modalities of the Draft Regulations, with consumer and product information and health warnings both on-product and alcohol licensed premises.

The Department of Health (IRL) devised a simple, proportionate, and effective labelling regime. The proposed alcohol labelling regime is set to ensure balance between on-product marketing hyperbole and conspicuous health warnings and information.

Importantly, the labelling regime affords citizens the 'Right To Know' the inherent risk from alcohol use.



This presentation of health warnings is essential to improving health literacy of the inherent risk from alcohol use. Alcohol is no ordinary commodity, but public recognition of the scope and extent of alcohol harm remains low. The alcohol industry keeps people in the dark about the harms their products and practices are causing. That is why warning labeling on alcohol matters. In addition, it establishes a principal of the people's right to know.

The proposal is legitimate and proportionate according to current EU provisions

Movendi International emphasizes that the proposed legislation is in line with the provisions of article 36 of the TFEU considering the overarching goal of the regulation is to strengthen citizens' health. Since the proposal encompasses all alcoholic beverages sold in Ireland it does not create any leeway for arbitrary discrimination.

The legislation should also be deemed proportionate as there are no other viable policy options with the same reach as on-label health warnings has that better could inform citizens about the health hazards of alcoholic products. Research studies, as well as a report by the European Commission, show that solutions, such as off-label information, are rarely read by consumers compared to on-label information. The warning labels ought therefore to be considered well within the current EU legal framework of a proportionate health policy solution to tackle a societal issue that has detrimental effects on public health.

Why Movendi International supports the Irish government's legislation on labelling of alcohol products, and the modalities of the Draft Regulations

1. People have a right to know that alcohol causes cancer and to be informed about the extent of risks due to alcohol.
2. Ireland has specific issues around patterns of alcohol use which give rise to high levels of alcohol harms. The Irish parliament, and its elected government, has democratically enacted legislation which provides an evidence-based, public

health oriented response, to improve health outcomes and health literacy of the Irish public.

3. A recognition of a Member State's competency to adopt measures requiring mandatory particulars to on-product alcohol labelling on grounds of the protection of public health.
4. There are strong public health reasons to use alcohol warning labeling as part of a comprehensive approach to alcohol policy – see appendix.

The human rights context

The products and practices of the alcohol industry cause a high burden of disease and death worldwide and have severe social and economic consequences. Nevertheless, the alcohol industry remains largely unregulated globally.

Alcohol promotion, sale and use impact on the human rights to health and life, and other rights enshrined in human rights conventions.

States parties of human rights conventions have the obligation to respect, protect and fulfill human rights: They have the duty not to interfere with or violate human rights (respect), they are obligated to ensure third parties do not interfere with human rights (protect), and they must implement measures to ensure every person can enjoy their human rights (fulfill).

Regarding alcohol, these principles for example oblige states to protect children from alcohol industry marketing (protect); and place a duty on states to provide access to treatment of alcohol-related diseases (fulfill).

The widespread disease and death from alcohol use has been described as an industrial epidemic with alcohol corporations as the vectors of disease that employ harmful practices to undermine public health measures. States parties have a duty to regulate the alcohol industry to prevent disease, even if this limits economic rights.

An overview of alcohol harms in relation to human rights highlights impacts on (among several others) the rights to health and life and the right to information.

Alcohol-related harms	Relevant human rights	Relevant Articles in human rights conventions or relevant general recommendations
(Premature) mortality	Right to life	Art. 6 of the ICCPR; Art. 6 of the CRC; Art. 10 of the CRPD
Alcohol-attributable health harms – (non-)communicable diseases, sexually transmitted diseases, mental health conditions, violence and road traffic related injuries, fetal alcohol spectrum disorder (FASD); lack of treatment of alcohol use disorder	Right to health and access to health care, children’s right to development, best interests of the child	Art. 12 of the ICESCR; Art. 25 of CRPD; Art. 3, 6(2) and 24 of the CRC; Art. 12 of the CEDAW
Adolescent alcohol use and related harms	Best interests of the child, children’s rights to health, survival, and development	Art. 3, 6, and 27 of the CRC
Lack of information and awareness-raising of alcohol-related harms	Right to information	Art. 17 of the CRC; Art. 10(h) of the CEDAW; Art. 21 of the CRPD

Rights to health and life

The right to health obligates States parties to take every possible effort for the progressive realization of the highest attainable standard of health, as codified in the ICESCR, CRC, CEDAW, and CRPD. Additionally, according to the ICCPR, CRC and CRPD, everyone has an inherent right to life.

Alcohol kills about three million people and results in about 132 million disability-adjusted life years (DALYs) annually. It is a major contributing factor to many communicable and noncommunicable diseases, such as liver cirrhosis, various cancer types, pancreatitis, tuberculosis, and HIV/AIDS. Additionally, a significant proportion of deaths by road accidents and interpersonal violence are attributed to alcohol.

Given the huge burden of disease and death caused by alcohol, it is impossible to achieve the human right to health without public health oriented alcohol policymaking. Therefore, even countries with few resources that have ratified human rights conventions including the right to health have to implement effective minimum measures recommended by authoritative bodies such as WHO to fulfil their human rights obligations.

Rights to information and protection from harmful marketing

The right to information is covered by CRC, CEDAW, and CRPD. The CRC additionally includes rights requiring the protection of children from harmful information and any form of exploitation.

Given the extent of alcohol-related harms, population-level awareness-raising and targeted programs are important.

According to the 2018 WHO global alcohol status report, only 34% of countries require warning labels on alcohol advertisements or packaging, and just 23 countries require a certain size of these warnings. The lack of effective awareness-raising and other interventions such as warning labels recommended by the WHO Global Alcohol Strategy violates the right to information.

Meanwhile, the alcohol industry spends billions of dollars annually on promotion. In 2017, the world's biggest beer producer – Anheuser-Busch InBev – spent more than US\$6 billion on alcohol advertising, making it the ninth largest advertiser in the world.

No ordinary commodity: Why the scope and extent of alcohol matters

Alcohol remains one of the leading risk factors contributing to the global burden of disease. It is the eight leading preventable risk factor of disease. The contribution of alcohol to the global disease burden has been increasing from 2.6% of DALYs* in 1990 to 3.7% of DALYs in 2019.

In high income countries alcohol use is the second fastest growing risk factor and in LMICs it is the fourth fastest rising risk factor for the global disease burden.

Alcohol is the second largest risk factor for disease burden in the age group 10-24 years. Alcohol is the largest risk factor for disease burden in the group 25-49 years.

Combining the direct harm to alcohol users with the secondhand harm due to alcohol, the total alcohol burden is nearly twice as big as the total burden of tobacco harm.

The products and practices of the alcohol industry drain precious resources from countries around the world. These heavy health, social, and economic costs are even more harmful now since governments need more resources to recover and build back better from the ongoing COVID-19 pandemic.

The products and practices of Big Alcohol cause multiple economic harms:

1. Alcohol harms human capital and drains societies' resources,
2. Alcohol impedes economic growth,

3. Alcohol leads to staggering costs due to lost productivity,
4. Alcohol harms economic activity,
5. Alcohol contributes to significant proportion of youth not being education, employment, or training (NEET),
6. Alcohol fuels workplace harm through absenteeism and presenteeism, and
7. Big Alcohol fuels harm through workers' rights abuses.

A recent worldwide overview showed: the economic costs of harm due to alcohol amount to 1306 Int\$ per adult, or 2.6% of the GDP. About one-third of costs (38.8%) were incurred through direct costs, while most costs were due to losses in productivity (61.2%).

The Organization for Economic Cooperation and Development (OECD) released a landmark report in 2021 detailing the economic harm caused by the alcohol industry. Alcohol-related diseases and injuries incur a high cost to society. Life expectancy is nearly one year lower than it would be, on average, if alcohol consumption in a population would be lower.

An average of 2.4% of health spending in OECD countries goes to dealing with the harm caused by alcohol consumption – and the figure is much higher in some countries. In addition, poor health due to alcohol consumption has detrimental consequences on labor participation and productivity.

Combined with the impact on labor force productivity, it is estimated that GDP will be 1.6% lower on average in OECD countries annually over the next 30 years due to alcohol harm, varying from 0.2% in Turkey to 3.8% in Lithuania.

Reduced productivity of employees amounts to US\$ 595 billion (adjusted for purchasing power), according to the report.

In 2019, alcohol was the second leading risk factor at the most detailed level globally for risk of cancer deaths and DALYs after smoking. The study published in The Lancet using data from the Global Burden of Diseases Study 2019 found that smoking, alcohol use, and high BMI, and other risk factors were responsible for almost half of the global cancer deaths.

The evidence is growing stronger and stronger, showing that any amount of alcohol use is bad for cardiovascular health. Even low dose alcohol increases health risks such as for the heart, compared to not having alcohol at all.

In their latest policy brief, the World Heart Federation (WHF) establishes the evidence base that no amount of alcohol is good for the heart.

The need for increased public awareness on the health risks of alcohol consumption

Alcohol's cancer risk is well known and documented in scientific studies across the world. Nevertheless, the general public still remains largely in the dark about alcohol's cancer risk. Evidence shows that the alcohol industry is doing everything they can, from muddying the science to propagating myths, to keep people in the dark.

A series of journal articles published in the Journal of Studies on Alcohol and Drugs (Volume 81, Issue 2) in March 2020 supports that when alcohol bottles come with conspicuous labels providing information on the risks of alcohol consumption or alcohol use guidelines, people are better informed about alcohol's harms and may cut down their alcohol use.

As pointed out in the contribution submitted by Alcohol Action Ireland, both in Ireland, as well as in the rest of Europe, many people are still unaware of the health risks, and especially cancer risks, associated with alcohol consumption. An opinion poll in Sweden showed that 86 % of citizen did not know that there is no safe level of alcohol consumption when it comes to cancer.

The introduction of alcohol labelling is also strongly supported by the public opinion in Ireland, as shown both by opinion polls that have been conducted, as well as the fact that the proposal about Alcohol labelling has been adopted by the Irish parliament. As also mentioned by Alcohol Action Ireland, a large majority of people in Ireland agree that alcohol-related harm is a paramount challenge and therefore support measures such like introducing health warnings to reduce alcohol-related harm.

Alcohol industry conflict of interest

Increased alcohol consumption leads to increased negative health and development impacts, but also to increased sales for the alcohol industry, placing public health and development interests in an inherent and direct conflict with corporate interests.

Movendi International is curating a weekly updated database with key examples from around the world illustrating the fundamental conflict of interest that the alcohol industry has.

The alcohol industry relies on under-age and heavy alcohol use for major parts of their profits.

The alcohol industry lobbies to block, derail, undermine, or destroy public health focused alcohol policy solutions.

There has been significant opposition by the global alcohol industry to Ireland's progressive public health initiative to protect Irish people and communities from alcohol harm. What is good for the people is bad for the alcohol industry's profits.

This is true in Ireland as it is true in many other countries:

1. The alcohol industry has attempted to derail the pregnancy warning labeling in Australia and New Zealand;
2. The alcohol industry has interfered against and halted a scientific study about the effectiveness of cancer warning labels in Yukon, Canada;
3. The alcohol industry has blocked and is undermining alcohol pregnancy warning labels in France; and
4. The alcohol industry misleads the public about the fact that alcohol causes cancer.
5. The alcohol industry deploys sophisticated strategies to downplay the cancer risk of their own products.
6. Alcohol industry messaging fuels doubt about the risks and harms linked to alcohol.
7. The alcohol industry uses products labels to confuse people about the real effects and harm of alcohol.

Movendi International and our members are concerned about the lobbying of the alcohol industry against this proposal.

The alcohol industry is interfering in the policy process and undermining public health policy development of a sovereign member state.

Public health policy, such as the current health warnings proposal, should be protected against interference from alcohol companies and their front groups. They are first and foremost protecting their private profit interests rather than the public interest in health promotion.

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ALCOHOL POLICY SOLUTIONS
The evidence for alcohol warning labeling

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The Evidence for Alcohol Warning Labeling

Introduction

This background briefing contains latest science in seven categories to inform a science-based conversation about alcohol warning labeling.

1. Overview studies and key messages
2. A country overview of alcohol labeling solutions
3. Detailed look at Yukon, Canada
4. Alcohol industry interference against alcohol labeling
5. Perception of alcohol users on alcohol labeling
6. Label design and content – policy considerations
7. Additional resources from the World Health Organization

Overview studies

Alcohol labeling – health warnings, other alcohol harm warning, such as pregnancy or traffic crash warnings, product information, nutrition information, standard unit information – is not among the three alcohol policy best buys, according to the WHO. Alcohol labeling does not belong to the five SAFER interventions that are proven cost-effective.

But the WHO classifies alcohol labeling as “other recommended intervention”. Cost-effectiveness analysis for alcohol labeling is not available (yet) – also because so few jurisdictions have implemented consistent alcohol labeling.

The WHO alcohol policy best buy solutions, other cost-effective interventions, and other recommended interventions:

<https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf>

Health warning labels (HWLs) on tobacco products reduce smoking. But there is an absence of evidence concerning the impact of alcohol warning labels on selection or purchasing in naturalistic settings. <https://psyarxiv.com/kr578/> and

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<https://onlinelibrary.wiley.com/doi/full/10.1111/add.15519> But a new study protocol has now been developed through the work in Yukon, Canada:
<https://www.researchprotocols.org/2020/1/e16320/>

A scoping review published in August 2021 examined novel or enhanced alcohol health warning labels. Researchers found that most studies were undertaken in English-speaking populations, with the majority conducted online or in the laboratory setting as opposed to the real world. Seventy percent of the papers included at least one cancer-related message, in most instances referring either to cancer in general or to bowel cancer. Evidence from the only real-world long-term labelling intervention demonstrated that alcohol health warning labels designed to be visible and contain novel and specific information have the potential to be part of an effective labelling strategy. Alcohol health warning labels should be seen as tools to raise awareness on alcohol-related risks, being part of wider alcohol policy approaches. <https://www.mdpi.com/2072-6643/13/9/3065>

In addition, a systematic review with meta-analysis using Cochrane methods that was published in 2020 also found “significant potential for HWLs to reduce selection of food and alcoholic drinks, but all experimental studies to date were conducted in laboratory or online settings with outcomes assessed immediately after a single exposure. Studies in field and naturalistic laboratory settings are needed to estimate the potential effects of food and alcohol HWLs.”

<https://www.tandfonline.com/doi/full/10.1080/17437199.2020.1780147>

Some key messages - On alcohol harm and labeling

Labelling of alcoholic beverages, a WHO-recommended practice, is not mandatory in many countries of the Region. This lack of critical information is concerning. Consumers deserve to know the contents of alcoholic beverages and the possible risks of consuming them.

The WHO European Region has the world’s highest levels of alcohol consumption, the highest proportion of alcohol use disorders and the most alcohol-attributable deaths in the population – around 10% of deaths from all causes. In 2016, alcohol consumption was the cause of over 900.000 deaths in the Region and about 3 million deaths worldwide.

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Alcohol consumption increases the risk of cancer, stroke, heart disease and communicable diseases, and weakens the immune system. Heavy use of alcohol increases the risk of acute respiratory distress syndrome (ARDS), one of the most severe complications of COVID-19. Alcohol is also associated with injuries, violence, and a range of mental health disorders including depression and anxiety.

Alcohol causes cancer (carcinogen), damage to the unborn child (teratogen), dependence and addiction (psychoactive, addictive), and harms to others than alcohol consumers (social harm).

Some key messages – On alcohol labeling

Alcohol consumers have the right to information about the products they are buying and consuming. It is the obligation of public authorities to protect and ensure that right to information.

Alcohol labeling is a part of a comprehensive strategy to prevent and reduce alcohol harm. Such a strategy addresses the affordability, availability, and marketing of alcohol. These efforts are best supported by efforts to inform an evidence-based public discourse about alcohol harm and alcohol policy solutions, raise awareness and increase public recognition of the extent and magnitude of alcohol harms. Alcohol warning labeling, for instance, plays an important part in supporting implementation of the alcohol policy best buy solutions. It is best seen not as an intervention that will modify behavior and reduce alcohol use immediately, but as an integral part of facilitating gradual change over time.

In the EU alcohol packaging requirements should be brought in line with those requirements that apply to non-alcoholic beverage packaging (as per EU Regulation No. 1169/2011). There is no reason that alcohol products do not need to provide consumer information and are less regulated than juice and milk. Policy considerations for the development of successful labelling legislation should ideally address both health information and nutritional information, ensure regulated message presentation, and implement independent monitoring and evaluation of measures.

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Country overview of alcohol labeling solutions and international conventions, agreements

There are 47 WHO member countries with alcohol warning labels. South Korea is the only one that requires cancer warnings on alcohol containers.

In the WHO European Region, 40% of Member States have some legislation on ingredients listing, 19% have some legislation on inclusion of nutritional values and 28% have some legislation on some health information labelling or warnings on alcohol products (including warnings for pregnant women, on driving under the influence of alcohol and on underage alcohol use or general warnings on harm to health).

Compared with other fields, such as tobacco or foodstuffs, the presence of labelling on alcohol products is insufficient and most labelling legislation still does not align fully with WHO's 2017 discussion paper on policy options for alcohol labelling (Alcohol labelling: a discussion document on policy options), particularly with regards to presentation of the label (in terms of message size and visibility and periodically changing the nature of the message (rotating messages)).

Positive labelling examples

Several Member States are becoming aware of the need to pursue more active policies to regulate labelling practices.

Experience from the Eurasian Customs Union (ECU) (Belarus, Kazakhstan, and the Russian Federation) gives valuable insight on how a functioning multigovernmental approach to alcohol labelling can harmonize different legislative systems. The ECU adopted 3 technical regulations that oblige producers to include a list of ingredients and nutritional values on the labels of food products and alcoholic beverages. By 2019, all 3 sets of technical regulations were finalized. The results of this policy now need to be assessed by an independent audit.

France has introduced a law mandating labelling for all alcoholic beverages with a warning against alcohol use during pregnancy. The country's authorities embedded the regulation within a wider strategy to raise awareness of the harms of consuming alcohol during pregnancy. Recent studies have already shown

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improvement in public awareness. The French Health Minister announced the inclusion of a measure to improve the visibility of the pregnancy logo in the National Public Health Plan for 2018–2022.

The Russian Federation has adopted stricter alcohol labelling regulations. It divided the comprehensive process to introduce legislation into smaller requests. Russian Federal Law No. 171 on the production and circulation of alcohol (which also regulates alcohol labelling) was first introduced in 1995 but has since been amended more than 40 times. This step-by-step strategy helped the country to achieve progress in line with WHO recommendations.

To successfully comply with the WHO European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 and the WHO Global Strategy to Reduce the Harmful Use of Alcohol, countries of the Region should consider adopting strong and comprehensive labelling policy options. The HEN report gives full and up-to-date information that is crucial for policymakers.

International conventions and agreements

The Codex Alimentarius (the Codex) is supervised by the Codex Commission, which is responsible to WHO and the Food and Agriculture Organization (FAO). The Codex Commission's primary purposes are to protect the health of consumers, ensure fair trading practices in the food trade and promote the coordination of international food standards. The Codex has become a highly significant influence on global food law and is also important in settlement of World Trade Organization (WTO) disputes (domestic standards which comply with the Codex are more likely to comply with WTO expectations). Any new regulatory provisions under WTO and EU rules must be justifiable and proportionate to the compliance burden they impose (8).

Article 16 (4) of Regulation (EU) No. 1169/2011 on the provision of food information to consumers exempts alcoholic beverages containing more than 1.2% ABV from mandatory listing of ingredients and the nutrition declaration. Although there is no requirement for alcoholic beverages to list their ingredients, food business operators may voluntarily provide this information to consumers. In accordance with Article 36 of the Regulation, such information must comply with the provisions governing the mandatory listing of ingredients (5).

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Under the terms of Regulation (EC) No. 1924/2006 of the European Parliament and of the Council of 20 December 2006 on nutrition and health claims made on foods, alcoholic beverages are prohibited from bearing health claims; the only nutritional claims that are permitted are ones referring to low alcohol levels and reduction of alcohol or energy content (9).

Detailed look at Yukon, Canada

Given the absence of real-life alcohol labeling cases and analysis of those, the example of Yukon, Canada is highly important. It elucidates several critical aspects of the alcohol labeling policy debate.

A series of journal articles published on the Journal of Studies on Alcohol and Drugs (Volume 81, Issue 2) in March support that when alcohol bottles come with conspicuous labels providing information on the risks of alcohol consumption or alcohol use guidelines, people are better informed about alcohol's harms and may cut down their alcohol use.

Key results from the studies are as follows:

- Large, bright yellow alcohol labels with rotating health messages get noticed by consumers and can increase awareness of national alcohol consumption guidelines, improve knowledge of alcohol-related health risks, such as cancer, and reduce alcohol sales compared to control sites without the labels.
- Such labels to alcohol bottles (300,000 labels in all) decreased total sales of alcohol by 6.9% compared with sales in regions without the new labels (Zhao et al. 2020).
- Awareness of Canada's low-risk alcohol consumption guidelines increased nearly three times in the site in which the labels were placed compared with a control location (Schoueri-Mychasiw et al. 2020).
- Before the label intervention, only about 25% of participants knew alcohol consumption can cause cancer. After the labeling, awareness in Yukon rose to 42%, a 10% greater increase in awareness of the alcohol-cancer link relative to the control site in neighboring Northwest Territories (Hobin et al. 2020).

Movendi International has covered the issues here:

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1. <https://movendi.ngo/science-digest/labels-on-alcohol-bottles-increase-awareness-of-alcohol-harms-guidelines/>
2. <https://movendi.ngo/science-digest/the-arrogance-of-power-alcohol-industry-interference-with-warning-label-research/>
3. <https://movendi.ngo/news/2020/12/04/big-alcohol-keeps-people-in-dark-about-alcohols-cancer-risk/>

Conclusions and key messages from the Yukon, Canada experiment:

Enhanced alcohol labels get noticed and may be an effective population-level strategy for increasing awareness and knowledge of national alcohol use guidelines. <https://www.jsad.com/doi/full/10.15288/jsad.2020.81.262>

Applying new AWLs was associated with reduced population alcohol consumption. The results are consistent with an accumulating impact of the addition of varying and highly visible labels with impactful messages. <https://www.jsad.com/doi/full/10.15288/jsad.2020.81.225>

Enhanced alcohol labels can improve label salience and processing among alcohol users. Alcohol users exposed to labels were more likely to report consuming less due to labels. Strengthening alcohol labels should be a priority for alcohol control. <https://www.sciencedirect.com/science/article/pii/S0955395920300074>

In a real-world setting, cancer warning labels get noticed and increase knowledge that alcohol can cause cancer. Additional cancer label intervention studies are required that are not compromised by industry interference. <https://www.jsad.com/doi/full/10.15288/jsad.2020.81.249>

- A call to action on alcohol warning labeling in Canada: <https://canlivj.utpjournals.press/doi/full/10.3138/canlivj-4-2-001>

Alcohol industry interference against alcohol labeling

News coverage of AWLs with a cancer message was more supportive in Canada than Ireland, where alcohol industry perspectives were consistently foregrounded.

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Industry arguments opposing the cancer label bore similarities across contexts, often distorting or denying the evidence. Increasing awareness of industry messaging strategies may generate more critical coverage of industry lobbying activities and increase public support for alcohol policies. <https://www.jsad.com/doi/full/10.15288/jsad.2020.81.273>

Alcohol industry groups seek to keep their customers in the dark about alcohol-related cancer risks. In Canada, a federally funded scientific study examining the introduction of cancer warning labels on containers was shut down due to alcohol industry interference. But the industry complaints about the study had no legal merit.

This type of Big Alcohol interference is common around the world:

Of 47 WHO member countries with alcohol warning labels, only South Korea requires cancer warnings on alcohol containers.

However, industry complaints, supported by sympathetic governments, helped weaken the warning labels' implementation.

Ireland has legislated for cancer warnings but faces continuing legal opposition expressed through regional and global bodies.

Cancer societies and the public health community have failed to counter industry pressures to minimize consumer awareness of alcohol's cancer risks. Placing cancer warnings on alcohol containers could make a pivotal difference in motivating both alcohol users to consume less and regulators to introduce more effective policies to prevent and reduce the serious harms of alcohol consumption.

<https://www.jsad.com/doi/full/10.15288/jsad.2020.81.284>

By securing supplementary labeling rules in trade agreements, the alcohol industry is better positioned to claim the space on the standard label as industry 'real estate' and to oppose mandatory health information incorporated into the standard labelling. These risks can be mitigated by stemming the adoption of supplementary labelling rules in further trade agreements; clarifying the text of agreements and ensuring that regulators understand that the rules do not prevent the use of 'best-practice' warning labels. <https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.13054> Voluntary industry commitments vary in scope, in the information included across product categories and in how the information is displayed. Commitments are

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mostly not monitored transparently and, where available, do not meet recommendations in the WHO discussion paper on policy options for alcohol labelling.

A 2021 scientific analysis called “Warning Labels About Alcohol Consumption and Pregnancy: Moving from Industry Self-Regulation to Law” illustrates the importance of governments fulfilling their duty to provide information about alcohol’s health harms, shows the alcohol industry’s inability to protect alcohol users, and emphasizes the need for statutory labeling instead of self-regulation. Alcohol consumption during pregnancy carries known risks to the fetus in the form of fetal alcohol spectrum disorder (‘FASD’). One of the interventions for the prevention of FASD is the application of warning labels to packaged alcoholic beverages.

Between 2011 and 2018, the Australian Government allowed the alcohol organization, DrinkWise, to operate an industry self-regulatory scheme to provide alcohol producers with prototype warnings about alcohol use during pregnancy. In 2018, the government announced that it would be mandating alcohol and pregnancy warnings through Food Standards Australia New Zealand.

A proper appraisal of the DrinkWise Labelling Scheme at the outset would have demonstrated its inherent regulatory incapacity to operate as an effective health information policy. The DrinkWise Labelling Scheme is missing two essential elements of functional industry self-regulation: a strong normative framework and mechanisms for norm creation, implementation, and enforcement.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3795151

Perception of alcohol users on alcohol labeling

The Eurobarometer from 2010 on Europeans’ attitudes to alcohol and alcohol policy solutions revealed that of the health conditions addressed in the survey, the risk of cancers was the one with the lowest level of awareness. Only 67% of the population were aware that the consumption of alcohol increases the risk of cancers.

<https://www.drugsandalcohol.ie/13045/1/Eurobarometeralcohol.pdf>

Few consumers in a 2020 study had key alcohol-related health knowledge; however, there was moderate support for AWLs as a tool to raise awareness. Implementation

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of information-based interventions such as evidence-informed AWLs with health messages including alcohol-related cancer risk, standard alcoholic drink information, and national alcohol use guidelines is warranted.

<https://www.jsad.com/doi/full/10.15288/jsad.2020.81.238>

A 2020 study showed that the fact that consuming less alcohol could reduce the risk of seven types of cancer was the least well known, and yet was demonstrated to encourage almost 40% of alcohol users to consider consuming less alcohol. Women and high-risk alcohol users were more likely to indicate they would reduce their alcohol use in response to all labels. Personal relevance was identified as a key predictor of individual responses. These findings highlight the potential of a range of health messages displayed on alcoholic beverages to raise awareness of alcohol-related harms and potentially support a reduction in alcohol use. Further research should explore what influences personal relevance of messages as this may be a barrier to effectiveness.

<https://academic.oup.com/alcalc/article/55/3/315/5679785?login=true>

Another study published in 2020 found that for both alcoholic drinks and energy-dense snacks, HWLs depicting bowel cancer generated the highest levels of negative emotional arousal and lowest desire to consume the product but were the least acceptable. Acceptability was generally low for HWLs applied to alcohol, with 3 of 21 rated as acceptable, and was generally high for snacks, with 13 of 18 rated as acceptable. Most free-text comments expressed negative reactions to HWLs on alcohol or energy-dense snacks. Image-and-text health warning labels depicting bowel cancer showed greatest potential for reducing selection and consumption of alcoholic products and energy-dense snacks, although they were the least acceptable. Laboratory and field studies are needed to assess their impact on selection and consumption. <https://link.springer.com/article/10.1186/s12889-020-8403-8>

A 2020 focus group study with young adult alcohol users in Scotland explored awareness and use of health information and messaging on existing packaging, and perceptions of novel front-of-package warnings differing in size (small, large), form (text-only, text and image) and message content (general, specific). The study found that unaided recall of some health information and messaging was high (e.g.,

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units, pregnancy symbols); however, most participants did not attend to or meaningfully engage with these, viewing them as unnoticeable, obscure, and ineffective.

Participants were skeptical of alcohol companies' motivations with respect to health messaging on products. They were surprised to see the novel warnings on alcohol products but generally supported their inclusion. Most thought that these warnings could increase awareness of alcohol-related harms, particularly for younger or potential alcohol users. Large, combined (text and image) warnings with specific messages on the front of packaging were considered most engaging and potentially effective.

The health-related information and messaging on alcohol packaging in Scotland is failing to inform consumers about the potential risks associated with alcohol use. Prominent warnings on alcohol packaging could help to capture attention, increase awareness of alcohol-related harms, and may support a reduction in consumption and alcohol-related harms.

<https://www.tandfonline.com/doi/full/10.1080/16066359.2021.1884229>

A 2021 study from Australia showed how the general population make sense of information about health risks and uses this knowledge to make decisions about personal behavior.

Alcohol is a modifiable risk factor for cancer. Public awareness of the link between alcohol and cancer risk is poor; thus, alcohol consumers may be unknowingly putting themselves at increased risk of cancer.

One way to raise awareness of alcohol-related cancer is through placing labels warning of cancer risk on alcoholic beverage containers.

Seven focus groups discussions were conducted to gauge public attitudes towards the labels and messages relating to alcohol-related cancer risk.

Participants expressed a negative response to the alcohol warning labels, and their talk worked to challenge the legitimacy of alcohol-related cancer messages, and the entities responsible for disseminating the information. These responses functioned to counter any implied recommendation for reduction in speakers' alcohol consumption.

In combination with other public health initiatives, alcohol-warning labels have the potential to increase awareness of cancer risk and help in the fight against cancer, but any messaging will need to account for probable consumer resistance.

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<https://academic.oup.com/heapro/advance-article-abstract/doi/10.1093/heapro/daab024/6155890>

Label design and content - Policy considerations

2021 study: Well-designed alcohol labels can positively influence consumers' attention, comprehension, recall, judgment, and behavioral compliance. The findings have implications for alcohol labelling research and policy.

<https://www.tandfonline.com/doi/full/10.1080/09687637.2021.1932754>

<http://archives.marketing-trends-congress.com/2021/pages/PDF/115.pdf>

The review provides support for large, colorful labels on the front of alcohol products and the use of plain packaging to increase the visibility of health messaging. It also supports the use of explicit, negatively framed statements that link alcohol to specific diseases. Color-coded schemes and pictorial warnings may further optimize the effectiveness of alcohol labels. The study did not find sufficient evidence to support the effectiveness of product information alone in influencing consumer attention, comprehension, recall, judgment, and behavioral compliance.

<https://www.tandfonline.com/doi/full/10.1080/09687637.2021.1932754>

A study from February 2021 examined the role of pictorial warning labels (PWLs) featuring narrative content in communicating alcohol-related cancer risks. In an online experiment, 169 adult alcohol consumers were randomly assigned to view two narrative PWLs, two non-narrative PWLs, or control. Results showed that exposure to narrative PWLs significantly increased participants' worry about, feelings of risk of, and perceived severity of harm of getting alcohol-related cancer but did not affect their intentions to reduce alcohol use. Exposure to narrative PWLs also indirectly influenced intentions through increased worry. Findings suggest that narrative PWLs are a promising strategy in informing consumers about the cancer risks of alcohol. <https://www.tandfonline.com/doi/abs/10.1080/10410236.2021.1888456>

A study from Germany, published in June 2021 investigated how children and adolescents react to AWL. Exposure to an AWL significantly increased knowledge about alcohol-related risks. AWL exposure did not influence self-reports of alcohol use in the total sample, but older students (15+ years) less frequently reported

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lifetime (79.8% vs. 84.2%) and current (50.5% vs. 56.6%) use of alcohol if they were exposed to an AWL. Overall, text-only AWL elicited fewer negative emotions than text-and-picture based AWL. The experiment indicates that exposure to an AWL affected alcohol-related cognitions of children and adolescents. This was true for both, text-based or picture-and-text-based labels. Pictorial messages seem to be more potent to elicit emotions, at least for recipients that already have experience with alcohol use.

<https://www.sciencedirect.com/science/article/pii/S0306460321000538>

- This study highlights the importance of cancer awareness for alcohol policy support:

<https://www.sciencedirect.com/science/article/pii/S074937972100430X>

The main policy and practice considerations in the WHO European Region for the development of nutritional and health information labelling on alcohol products are to:

1. Establish labelling that includes all recommended nutritional values and lists all ingredients.
2. Establish labelling that includes the harm done by alcohol relevant to the whole population (e.g., cancer), pregnancy-related harm, harm to minors, driving under the influence of alcohol warnings, and recommendations on lower-risk alcohol use guidelines indicated as standard alcoholic drinks in countries where this would be applicable.
3. Ensure regulations include specific directions about how all information should be presented on labels (e.g., appropriate size and font, front of pack, rotating messages, and easy-to-understand information), ideally following WHO recommendations.
4. Favor mandatory regulation over voluntary commitments as this allows better control over the content and presentation of the message, presentation of stronger evidence and more assurance of good penetration of labelling.
5. Consider introducing any specific labelling policy as a part of an existing or new, larger policy package and using a stepwise approach to facilitate achieving a full labelling policy.

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6. Leverage facilitating contextual factors when developing policy (e.g., public support, political will and/or evidence of alcohol-related harm in the country) and use the best policy window to put proposals forward for the introduction of labelling.
7. Ensure that mechanisms for enforcing implementation, for independent monitoring and for evaluation of the impact of labelling policies are in place regardless of whether labelling is voluntary or mandatory; and
8. Invest in strengthening research on alcohol labelling to identify the most effective form and content of the labelling communication (e.g., photographs, pictograms, and written messages, including the most effective wording).

Standard alcoholic drink information

A paper from October 2020 examined the impact of an alcohol labelling intervention on recall of and support for standard drink (SD) labels, estimating the number of SDs in alcohol containers, and intended and unintended use of SD labels. Participants in the intervention relative to the comparison site had greater odds of recalling and supporting SD labels and lower odds of reporting using SD labels to purchase high strength, low-cost alcohol. Exposure to the labels had negligible effects on accurately estimating the number of SDs and using SD labels to consume alcohol within guidelines. Evidence-informed labels increased support for and decreased unintended use of SD labels. Such labels can improve accuracy in estimating the number of SDs in alcohol containers and adherence to alcohol consumption guidelines. <https://onlinelibrary.wiley.com/doi/abs/10.1111/dar.13165>

A UK study from November 2020 showed that labels with enhanced pictorial representations of alcohol content improved knowledge and understanding of the UK's low-risk alcohol use guidelines compared with industry-standard labels; health warnings did not improve knowledge or understanding of low-risk alcohol use guidelines. Designs that improved knowledge most had the low-risk alcohol use guidelines in a separate statement located beneath the graphics. <https://onlinelibrary.wiley.com/doi/full/10.1111/add.15327>

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Additional WHO resources

A 2017 discussion document from WHO Europe presents an analysis of the policy options available for introducing warning and product labelling on alcoholic beverage containers. It outlines the existing legal and policy frameworks and the current level of implementation in the WHO European Region.

Alcohol labeling policy options:

https://www.euro.who.int/__data/assets/pdf_file/0006/343806/WH07_Alcohol_Labelling_full_v3.pdf

A 2020 report by WHO Europe synthesizes evidence on alcohol labelling practices in the Region and describes issues affecting implementation. To date, the introduction of alcohol labelling policy as part of a larger package of alcohol policy measures created with strong political support and consumer pressure has proved successful in providing consumers with information, although practices have been hindered by slow procedures in some parts of the Region, opposition from international institutions and the alcohol industry, and the lack of set labelling specifications and monitoring activities. Policy considerations for the development of successful labelling legislation should ideally address both health information and nutritional information, ensure regulated message presentation, and implement independent monitoring and evaluation of measures.

Current labeling practices in WHO European Region:

<https://www.euro.who.int/en/publications/abstracts/what-is-the-current-alcohol-labelling-practice-in-the-who-european-region-and-what-are-barriers-and-facilitators-to-development-and-implementation-of-alcohol-labelling-policy-2020>

More from the WHO, via Movendi International:

<https://movendi.ngo/wp-content/uploads/2021/09/UBFs7h-concept-note-health-warnings-webinar.pdf>

- Inclusion of a list of ingredients and nutritional information (such as energy content) on containers.
- Provision of information on labels explaining impact on health.

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- Label should be placed in a standard location on the container.
- Size of the label should be determined as a minimum percentage of the size of the container.
- Rotating messages should be used, with sufficient vividness and strength to attract consumers.
- Text should be clearly separated from other information on the label (for example, placed in boxes with thick borders).
- Text should be printed in capital letters and bold type; its size should be the same as for all other information provided on the container.
- Text should appear on a contrasting background (for example, red type on white).
- Text should be written in the official language(s) of the country in which the product is sold.
- Images used should be informational in style and taken from ongoing educational campaigns.
- Public health bodies can usefully advise on the content of messages.