

Health warning labels on alcoholic beverages: opportunities for informed and healthier choices

Snapshot series on alcohol control policies and practice

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Brief at- a-glance

The problem

Although alcohol negatively affects various health outcomes, awareness about the health risks associated with consuming alcohol remains relatively low. WHO recommends labelling alcoholic beverages to increase awareness and ensure that consumers make informed decisions. Current labelling practices across countries are not standardized as they are with medicine, food products and soft drinks. The inconsistencies in displaying information and other factors such as the scale of interventions and assessment methods have resulted in divergent practices and outcomes, leaving consumers without critical information to make decisions.

The evidence

Although health warning labels are talked about as one policy approach to curb the consumption of alcohol, they can be implemented and evaluated in various ways that can affect whether they can be considered effective. For example, whether the labels have been designed to raise awareness about health risks or to change behaviour, the way the label is designed and formatted, the scale of the interventions and the time horizon over which

the effects are measured. While the literature on the impact of warning labels on behaviour is limited, experimental studies indicate that warning labels can have an impact on self-reported intention to reduce consumption. However, the effect of health warnings labels is optimized when reinforced by other policies that curb alcohol consumption.

The know-how

Experiences from different countries can help to inform future approaches. Six examples of how labelling can be effective highlight the significance of regional approaches to labelling and the importance of considering all aspects of labelling interventions, including size, text, colours and placement.

The next steps

Civil society, community-based organizations, researchers and research institutions should continue to protect consumer's rights and to evaluate the implementation of labelling policies in real-world settings while policy- and decision-makers should build approaches based on the best evidence related to design, messaging and implementation.



Contributors

Norman Giesbrecht, Centre for Addiction and Mental Health, Canada
Daša Kokole, Maastricht University, Netherlands
Cesar Leos-Toro, World Health Organization
Maria Neufeld, WHO Regional Office for Europe
Paula O'Brien, Melbourne Law School, University of Melbourne, Australia
Ogochukwu Odeigah, Department of Psychology, Chrisland University, Abeokuta, Nigeria
Daniela Pantani, World Health Organization
Ilana Pinsky, World Health Organization
Emanuele Scafato, National Institute of Health, Rome, Italy

Series editors

Juan Tello, World Health Organization
Kerry Waddell, McMaster University, Canada
Rüdiger Krech, World Health Organization

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About the series

This Snapshot is part of a series of briefs tackling critical issues related to the determinants driving the acceptability, availability and affordability of alcohol consumption and how it affects people and their communities. The series aims to facilitate evidence and experience-informed conversations on key topics relevant to achieving the Sustainable Development Goals and the noncommunicable diseases targets in the context of the WHO Global Strategy for reducing the harmful use of alcohol and its global action plan. Each brief is the result of a global, multistakeholder conversation convened by the Less Alcohol Unit, part of the WHO Department of Health Promotion. The topics of the series emerged in response to blind spots in the current policy conversations. The approach and length of the Snapshots do not fully describe the complexities of each topic nor do the illustrative country experiences. The series is a conversation-starter rather than normative guidance. Relevant WHO resources are provided to explore the subject in more depth.

The series is intended for a wide audience, including professionals working in public health

and local and national alcohol policy focal points, policy-makers, government officials, researchers, civil society groups, consumer associations, the mass media and people new to alcohol research or practice.

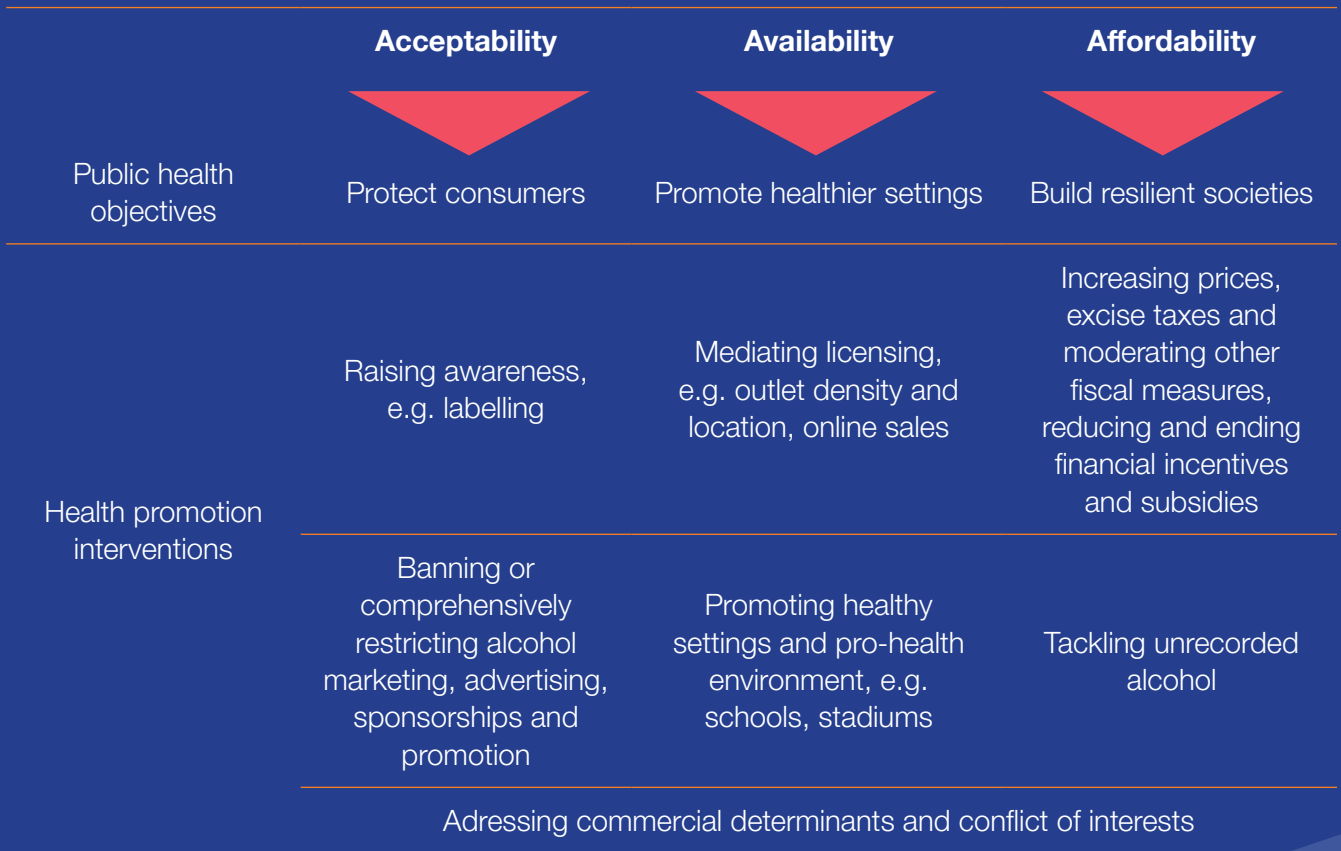
What is a health promotion approach to reducing alcohol consumption?

Drinking has multidimensional connotations. Robust and growing evidence demonstrates that cultural, social and religious norms influence alcohol consumption – acceptability, ease of purchase (availability) and price (affordability). Addressing this multidimensional causality chain requires a portfolio of health promotion interventions to moderate the determinants driving alcohol consumption and, in turn, enable populations to increase control over and improve their health to realize their full potential.

How are the briefs developed?

The briefs result from a quick scanning of the recent evidence on the topic, insights from leading experts, consultation with selected

Determinants driving the consumption of alcohol



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countries and discussions that took place during webinars convened to create a platform to match evidence, practice and policies. Each webinar, attended by more than 100 participants, took place over 1.5 hours in English, Russian and Spanish. Between 8 and 10 speakers were invited to participate in each webinar, engaging global experts, officials from governments, academia, civil society and other United Nations agencies. Participants also engaged in the webinar by posting questions, sharing experiences and resources. The snapshot has been reviewed by the respective speakers – the contributors to each brief – to confirm the completeness and accuracy of the synthesis prepared.

Interested in other topics?

Visit the *Less Alcohol webpage* for other briefs in this series and forthcoming webinars. During 2021, topics including alcohol consumption and socioeconomic inequalities, unrecorded alcohol, conflicts of interest, labelling, digital marketing and per capita alcohol consumption have been explored. If you have a suggestion for a topic that has yet to be explored, contact our team at lessalcohol@who.int.

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The problem

This section provides a brief overview of why this issue matters to the health of populations and why it is worth further examining within global alcohol policy

Alcohol consumption accounts for more than 5% of total deaths, and projections indicate that the global per capita consumption of alcohol will increase by 2025 (1). Alcohol also causes more than 200 health conditions, injuries and disabilities. Its harm ranges from unemployment, stigma and violence to delinquency. Although alcohol negatively affects various health outcomes, public awareness about the health risks associated with alcohol consumption remains relatively low (2). WHO recommends labelling alcoholic beverages with information about the harm from alcohol to increase awareness and ensure that consumers make informed decisions (3–5).

Current alcohol labelling practices across countries are not standardized (6,7), in contrast to those for medicine, food products and soft drinks. Some countries have dedicated initiatives to fill these gaps (8–11). The situation also differs for different types of alcoholic beverages, such as wine, beer and spirits. According to WHO data for 2016 (12), most countries require that the percentage of pure alcohol be disclosed on alcoholic beverage labels. Nevertheless, few countries require nutritional information such as calories (energy), additives, allergens, ingredients and vitamins. Overall, less than one third of responding countries require health and safety warning labels on alcohol containers or advertisements. In most cases, warning labels focus on underage drinking or drinking and driving. Only a few countries require a label to indicate the number of standard drinks in a container of alcoholic beverages.

Currently, the mechanisms to regulate the labelling of alcoholic beverages are a combination of global (such as Codex Alimentarius (10)), regional (such as trade agreements (13), customs unions (14–17)), national standards (such as those related to food standards or specific for alcohol) and voluntary industry commitments (18). Overwhelming evidence indicates that voluntary industry commitments on labelling practices are insufficient to tackle the inconsistency, inadequacy and poor quality

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of alcohol labelling (3,19–22). Legally binding agreements related to mandatory use of health warning labels on alcohol products may also be circumvented (23).

Health warnings on alcoholic beverage labels increase consumers' awareness of the risks associated with drinking, but the evidence is less robust for whether they reduce consumption or change individual behaviour (2,11,24,25).

What does this snapshot aim to achieve?

The snapshot aims to synthesize recent evidence on the effectiveness and implementation of warning labels on alcoholic beverages; examine the experiences of countries and regions that have implemented warning labels on their own and alongside other interventions; highlight implementation considerations for the countries and regions interested in pursuing labelling policies; and, present possible next steps for civil society, researchers and government decision-makers to move the conversation beyond this brief.

The evidence

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This section provides a summary of what is known about the issue, implementation considerations for different settings, and any gaps in the existing knowledge base

Awareness about the risks of alcohol consumption remains low

Cultural perceptions about alcoholic beverages are strongly embedded in societies. For example, there are prevalent beliefs of the beneficial effects of wine as well as vague notions of moderated consumption (26-28). In addition, consumers have inaccurate perceptions of the level and intensity of their alcohol consumption and its associated risks (29,30). Although alcohol consumption poses significant risks, awareness about its links to health conditions remains relatively low. For example, a 2018 review found that less

than half the respondents across 32 studies correctly identified the link between alcohol and cancer (31). Warning labels are one policy option that may be used to increase consumers' awareness of the health risks of alcohol (2,11,24,25).

Health warning labels on alcohol containers are effective to increase awareness, slow down drinking, lessen drinking events and decrease purchase occasions

Although health warning labels are talked about as one policy approach to curb the consumption of alcohol, they can be implemented and evaluated in various ways that can affect whether they can be considered effective. Existing evidence suggests that health warning labels on alcohol products slow down drinking (32), decrease drinking occasions (33), decrease purchase occasions (34) and increase awareness (2). The results of two studies, one in an experimental setting and the other in a real-world setting, found that exposure to warning labels related to cancer led participants to drink more slowly; the second study found that exposure to warning labels on health risks more generally was associated with reduced self-reported drinking and alcohol sales (2).

However, the evidence also shows that health warning labels are not associated with

differences in behaviours (25) or purchases (25) or had limited effect in curbing alcohol consumption during pregnancy because labels are either not being noticed or not understood (35).

These inconsistencies in the effectiveness of health warning labels are explained by different criteria and methods used to evaluate the interventions. For example, whether the labels have been designed to raise awareness about health risks or to change behaviour, the way the label is designed and formatted, the scale of the interventions and the time horizon over which the effects are measured. In addition, many studies evaluated voluntary labelling practices (11,35-38).

Warning labels on tobacco packaging have been highly effective

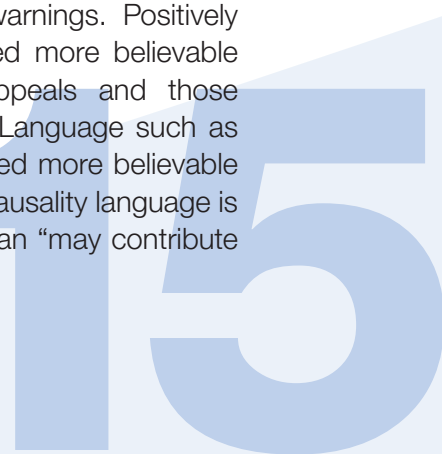
Labelling practices and changes to packaging have been an important tool to increase awareness of health risks and curb tobacco consumption. Extensive evidence exists in tobacco packaging design to reduce its consumption (39). Comprehensive health warning labels on tobacco products have consistently shown to influence social norms, improve health knowledge and reduce consumption behaviours (40). The savings of reduced smoking attributed to graphic warning

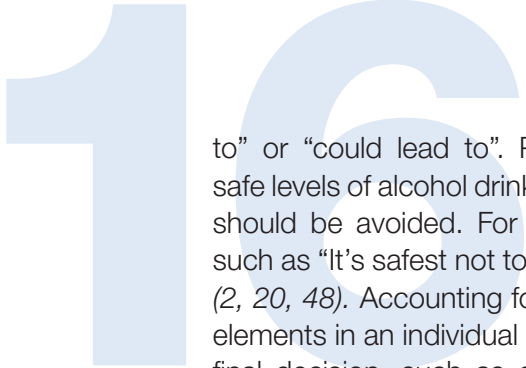
labels among pregnant women is between 1.2 to 2.0 billion US dollars, over 30-year (42). Well-designed health warning labels have the potential to outweigh exposure to any other public health or alcohol mass campaign (43,44).

Health warning label design and content matters for optimizing its effectiveness

A warning label is effective when it increases the perception of risk and change consumer's behaviour. For this, warning labels must be noticed, understood, credible, convincing and relevant. Consumers attention to warning labels is influenced by a range of design factors including size, placement, colour, pictorials, length, signal words like "warning" or "health warning" and physical interactivity (11,45-47).

When considering warning message, some types of warnings perform better than others. The size of warnings also appeared to impact product evaluations such that larger warnings are more likely to reduce positive product evaluations than smaller warnings. Positively framed warnings were rated more believable than those using fear appeals and those using numerical evidence. Language such as "increases risk" is considered more believable than "can cause". Overall, causality language is perceived more effective than "may contribute





to” or “could lead to”. Phrases that suggest safe levels of alcohol drinking during pregnancy should be avoided. For example, statements such as “It’s safest not to drink while pregnant” (2, 20, 48). Accounting for the role of branding elements in an individual perception of risk and final decision, such as colour, remains to be further explored; for example, blue packaging is associated with lower health risk (50-52).

Pictorials such graphics, photographs, images or abstract symbols (signs), help to draw attention to the warning and to convey information. Pictorial elements also bridge literacy and other educational gaps. Studies generally find that the addition of pictorial elements to a textual warning enhances the level of attention that the warning receives in comparison with a text only warning or without warning at all. Moderately-severe labels with images such as abstractions of organs, rather than their photographs (highly-severe), are more effective to draw attract attention and alter judgements without eliciting negative reactions (25, 53-58).

The literature on the impact of warning labels on behaviour is limited. Experimental studies indicate that warning labels can have an impact on self-reported intentions to reduce alcohol consumption (33,34,60). Studies also identified other behaviours such as seeking further information, visiting a website, and

talking to others about the risks of harm from alcohol (61). There is no strong evidence to suggest that where warning labels have been mandated there has been an impact on levels of consumption (47). Researchers systematically note that the mandated warnings usually do not incorporate relevant design factors to enhance their effectiveness (47).

The effect of health warning labels is optimized when reinforced by other policies to curb alcohol consumption

Any change on labelling policies needs to be reinforced with government social marketing and public education campaigns with the similar information. Multiple exposure to the same warning about the risks of drinking alcohol across different situations can lead to stronger beliefs of the harm it causes. Health promotion interventions should not exist in silos but should be combined in ways so that their joint effect is greater than the sum of their parts. Receiving a message from multiple sources, such as health professionals, advertisements and other media, is more effective than when it comes from a single source. Health warning labels can be used as one tool to raise awareness about the health-related harm of alcohol consumption. Although the labels on their own may not change behaviour (54), an indirect relationship to reduced alcohol intake may still exist (2). Real-world evidence suggests that

increased awareness about the risks related to alcohol consumption, which can be enhanced through labelling policies, may ultimately lead to greater public support for policies that reduce the acceptability, availability and affordability of alcohol use, leading to reduced consumption over time.

Health warning labels are not only a concern for the health sector

Alcoholic beverages are exempted from international conventions that govern all other psychoactive substances and from key food legislation that requires labelling of ingredients and nutritional information. However, the implementation of alcohol health warning labels obliges countries to notify and confer with the World Trade Organization and its Committee on Technical Barriers to Trade, for example. Inter-country economic unions may also impose binding legislation on health warning labels for alcohol containers. For example, the technical regulation 047/218 of the Eurasian Economic Union (23). The Codex Committee for Food Labelling of the Codex Alimentarius supports work on alcoholic beverages labelling, however, health warning on labels of alcohol containers may not necessarily be within its scope of work.

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**The
know-how**

This section provides examples of country experiences that can be used as evidence and inspiration as to what policy approaches may be possible in different settings

Below are six examples of experiences at the country and regional level implementing health warning labels.

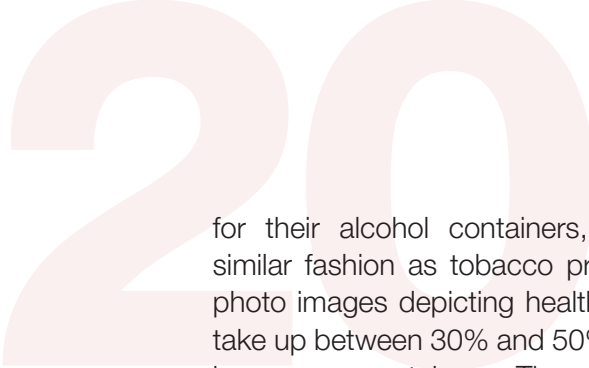
Implementing a regional approach to mandatory alcohol labels warnings in Australia and New Zealand

The unique joint food regulatory systems in Australia and New Zealand, which covers alcoholic beverages, enabled a cross-country approach to be applied to implementing new health warning labels. For many years, the two countries have required labelling for standard

drinks and alcohol content. In 2020, a new law was passed requiring mandatory warnings about the risks of consuming alcohol while pregnant on all packaged alcoholic beverages of more 1.15% alcohol volume. Larger products have additional requirements, including a pictogram alongside text base warnings. Font colour, spacing and formatting requirements are set, but the law does not currently mandate position or orientation on the container. The labelling regulation came into force on 1 July 2020 requesting that all packaged alcohol manufactured after 1 August 2023 bears the appropriate warning label. It can be expected that long life alcoholic beverages, such as spirits, will remain for selling after that date.

Applying lessons from the use of graphic warning labels on tobacco products to alcoholic beverages in Thailand

Since 2003, Thailand has had three text-based warnings on alcoholic beverages, two of which focus on age limits and one on deterring drinking and driving. However, in 2010, Thailand proposed a significant change to their labelling regulation. The new law proposed new graphic health warning labels



for their alcohol containers, designed in a similar fashion as tobacco products. Graphic photo images depicting health warning would take up between 30% and 50% of an alcoholic beverage container. The warning labels were to regularly rotate to avoid consumer desensitization. Thailand was applying lessons learned from tobacco labelling policies to alcohol.

Despite the intentions, Thailand faced significant questioning when it brought the new regulations to the Committee on Technical Barriers to Trade of the World Trade Organization. Concerns from other countries focused heavily on the proposed graphic images, questioning the approach and stating that other educational measures may be more palatable. After two years of consultations and discussions, the key themes that emerged were requests for an evidence base for the use of graphic health warnings, evidence that linked alcohol with the specific harms depicted in the warnings, how it may affect the industry, and claims that other measures such as education would be equally effective in providing necessary information to populations (62,63). Similarly, in the weeks and months following the discussion at the World Trade Organization, Thailand also faced

significant pushback directly from the industry and ultimately decided not to pursue the new labelling regulations.

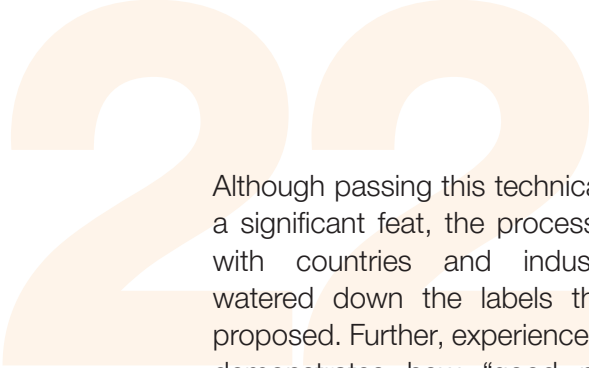
Implementation of health warnings in the Commonwealth of Independent States

Countries of the Commonwealth of Independent States that are also member states of the Eurasian Economic Union developed the only international document to impose binding provisions on alcohol labelling, superseding any previous national regulations (23). Technical regulation 047/2018 on the safety of alcohol beverages will soon come into force and applies to all countries in the Eurasian Economic Union. This is the only international document to impose binding obligations with respect to alcohol labelling. The provisions include that all alcoholic beverages must display the statement “excessive alcohol consumption is harmful to your health” and must take up at least 10% of the label. Contrasting capital letters in an easy-to-read font should be used and information should be applied in a way that is clearly and easily read by a consumer. This effort is a promising example of a bloc of nations coalescing toward the implementation of health promotion tools in a concerted way.

“Evidence indicates that voluntary industry commitments on labelling practices are insufficient to tackle the inconsistency, inadequacy and poor quality of alcohol labelling.”

Emanuele Scafato, National Institute of Health, Rome, Italy at the webinar Health warning labels of alcoholic beverages: opportunities for informed and healthier choices

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Although passing this technical regulation was a significant feat, the process of consultation with countries and industry significantly watered down the labels that were initially proposed. Further, experiences from the region demonstrates how “good policy does not always translate into good implementation” and that additional support and enforcement mechanisms may be needed alongside the new regulation.

Including nutritional information on alcoholic beverage labels in the European Union

Unlike the previous three examples, this case focuses on ground-up support for the development of labels containing ingredients and nutritional information. In 2006, legislation in the European Union prohibited nutritional health claims on alcohol. In 2011, when the European Parliament passed legislation on mandatory labelling of prepackaged food and drinks, alcoholic beverages with an alcohol content greater than 1.2% were exempt.

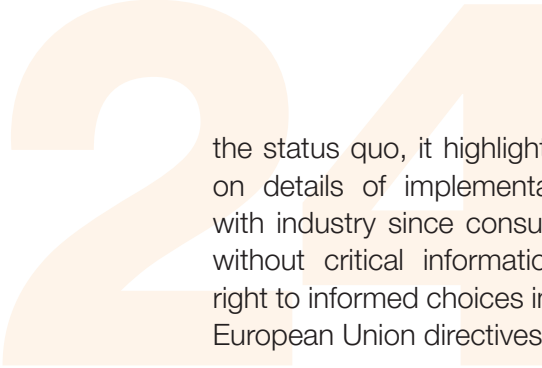
In 2017, the Committee on National Alcohol Policy and Action agreed with the European Commission to fund the Joint Action on Reducing Alcohol Related Harm initiative to accomplish the provisions of the European Alcohol Strategy.

An opinion poll found that 50% supported ingredient listing on labels, 43% supported including calorie content and 38% supported listing nutritional values of alcoholic beverages (64). A 16% of respondents declared that they intended to reduce drinking based on this information (64).

Another survey confirmed that consumers preferred on-label information (64). Countries developed labelling guidance to include the amount of pure alcohol in grams of ethanol, messages about health and safety risks, placement of the information to ensure visibility (64).

After this information was presented to the European Commission, the alcohol industry was asked to submit a self-regulatory proposal, aiming to provide consumers with information about the ingredients and nutritional value of all alcoholic beverages. However, what returned from the process was four separate proposals on the commitment by alcohol type (such as spirits, wine, beer, fruit ciders and wines) that varied degrees of commitment to on-label and off-label information. In 2020, the adoption of the Europe’s Beating Cancer Plan proposing the introduction of mandatory information on labels raised criticisms by the alcohol industry. Though this represents an improvement from





the status quo, it highlights the need to focus on details of implementation when working with industry since consumers have been left without critical information to exercise their right to informed choices in agreement with the European Union directives.

Examining industry compliance with labelling requirements in Nigeria

In Nigeria, labelling requirements differ based on alcohol type (such as beer, wine and liquor) but there are common elements mandatory across all alcoholic beverages. These include a list of ingredients, allergens, nutritional information, percentage of alcohol by volume, a drink responsibly statement and a statement about age restrictions on alcohol consumption. However, compliance with the labelling requirements differs significantly across each of these mandatory elements. For example, compliance has been high for ingredients, drink responsibly statements and the percentage of alcohol, and compliance has been low for nutritional information and allergens. Further, there is little standardization on the label design for this information, including the size, font and position. Adding in these elements to the existing requirements is thought to help to attract consumers' attention and improve implementation.

“It is great when countries move legislation forward, but it is better when regions do this together.”

Paula O'Brien, Melbourne Law School, University of Melbourne, Australia at the webinar Health warning labels of alcoholic beverages: opportunities for informed and healthier choices

Findings from the Yukon labelling experiment in Canada

The Yukon alcohol labelling case was the first study to experimentally test evidence-informed alcohol health warning labels in the real world. The study was run in the Yukon, a territory in north-western Canada. The purpose of the multi-year quasi-experimental study was to examine the effects of health warning labels on alcohol products on consumer attention, message processing, and self-reported reductions in consumption isolating specific, measurable mechanisms that may be reproduced in other settings. The labels were colourful, had multiple messages warning about the links between alcohol and select conditions including cancer and provided information on the number of standard drinks and the Canadian low risk drinking guidelines. As a result of the labels and media coverage surrounding the study, alcohol sales consistently declined alongside significant increases in knowledge and awareness of the health risks associated with alcohol consumption (33,40,66-68). Following the threat of legal action from the alcohol industry, the experiment continued but without the cancer warnings. Other information could continue being part of the labels –standard drinks and low risk drinking guideline. Labelling policy garnered high levels of public support across the Yukon.

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Next steps

This section provides directions to explore to ensure the conversation continues beyond this brief

Tackling the challenges laid out in this brief undoubtedly requires a multi-stakeholder approach with each partner playing to their comparative advantage. Some examples of this are provided below for each researchers and research-organizations and for government policy- and decision-makers. However, those best suited to move forward these next steps will be specific to each setting and may differ by country.

Policy- and decision-makers

Policy- and decision-makers at the national and regional levels have their own set of next steps to explore, including:

- building approaches based on the best evidence related to design, messaging and implementation of labels;
- ensuring that messages are clear, factual, specific, sized, with regulated content, refer to harm and risks;
- wherever possible, pursuing mandatory labelling over co-regulatory¹ or voluntary schemes;
- exploring different organizational arrangements for assessing the implementation of the labelling scheme, for example, using independent third-parties; and
- strengthening the institutional capacity to monitor compliance and enforce.

¹ Co-regulatory schemes are envisaged in the Global Strategy to Reduce the Harmful use of Alcohol (5).

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*Civil society, community-based organisations,
researchers and research institutions*

Significant work still needs to be done on establishing the evidence base for the use of labels on alcoholic beverages. Civil society, community-based organizations, researchers should focus on the following:

- continuing to evaluate the implementation of labelling policies in real-world settings, including in the countries that have already pursued health warning labels on alcoholic beverages;
- utilizing mixed evaluation methods including, surveys representative populations, surveys among youth and young adults, women of child-bearing age, occasional drinkers; focus groups; key informant interviews and archival data;
- evaluating different designs, formats and approaches to labelling;
- evaluating the effects of labelling on different populations, including adolescents, women of childbearing age, heavy drinkers and relevant groups;
- assessing the effectiveness of mandatory labelling regulations in conjunction with other alcohol-related policies;
- documenting the experience of countries and regions that pursue health warning labelling policies to inform future approaches elsewhere; and
- advocating for protecting consumer's right to informed decisions.

Takeaway messages

1

Awareness about the health risks associated with consuming alcohol remains relatively low.

2

Health warning labels on alcohol containers are effective to increase awareness, slowing down drinking, lessening drinking events and decreasing purchase occasions.

3

Current labelling practices across countries are not standardized.

4

Divergent practices leave consumers without critical information to make decisions.

5

Health warning label design and content matters for optimizing its effectiveness.

6

The effect of health warning labels is optimized when reinforced by other policies to curb alcohol consumption.

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There is a need to evaluate the implementation of labelling policies in real-world settings.

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