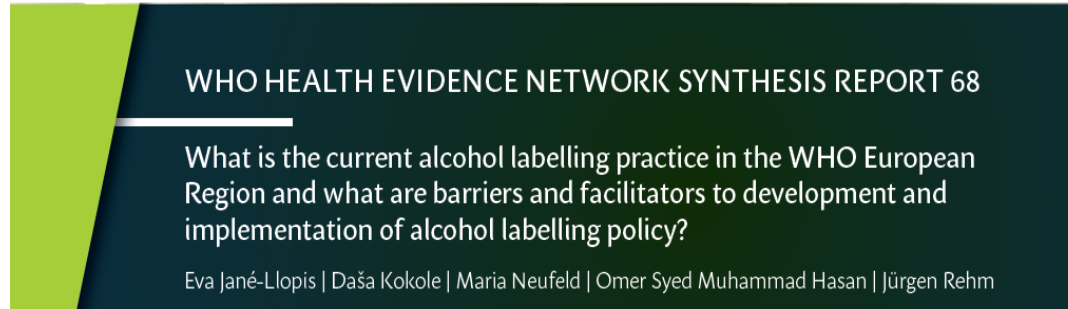


Alcohol labelling practices and evidence in Europe – what do we know and where do we go?

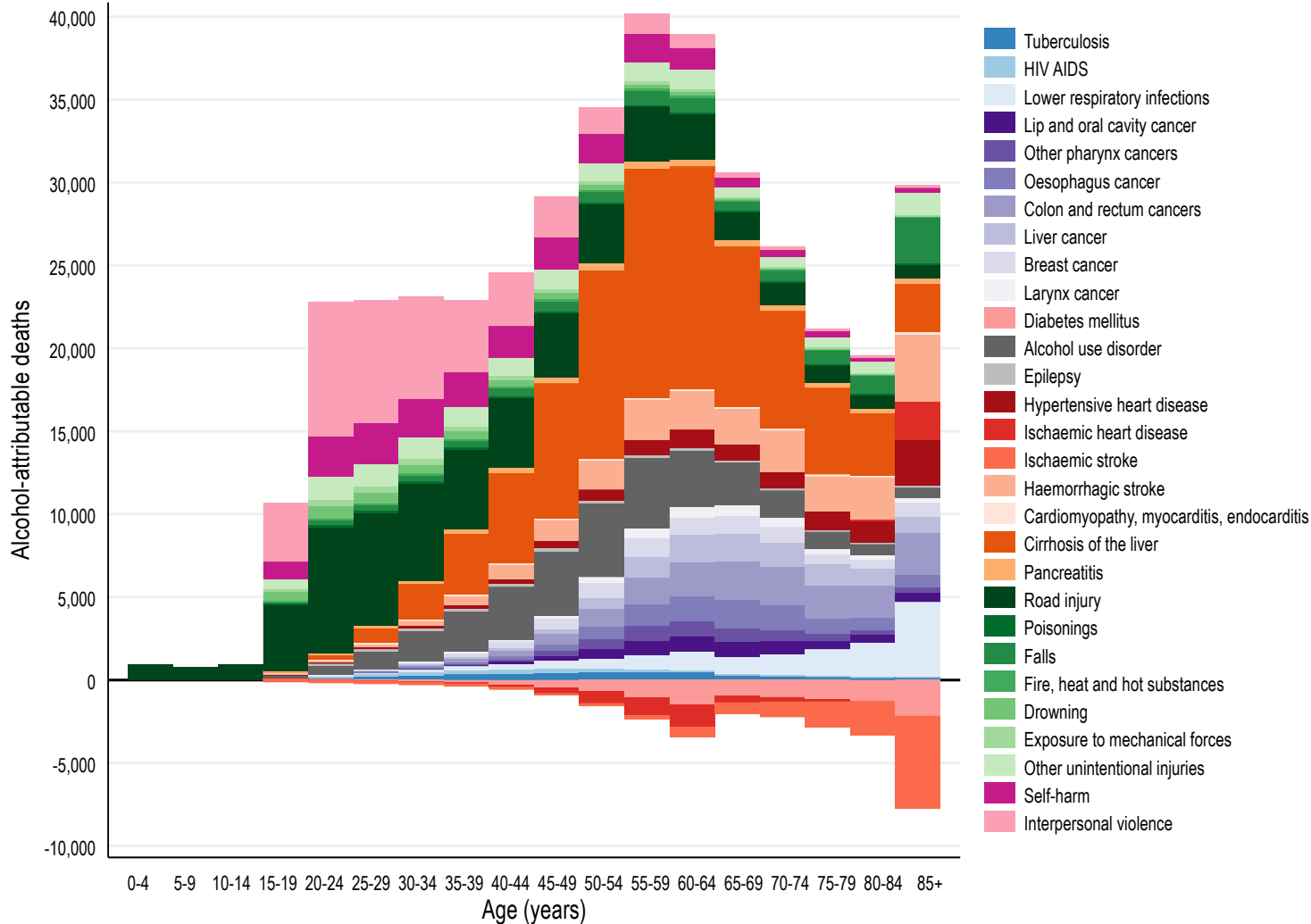


Jürgen Rehm (presenter)

based a report by Eva Jané-Llopis | Daša Kokole | Maria Neufeld | Omer Syed Muhammad Hasan | Jürgen Rehm to the WHO European Region (available upon request); and calculations by Bethany R. Chrystoja, Kevin D. Shield and colleagues; & experiences of Thailand (Orratai Waleewong)

Why is alcohol consumption important in the Americas?

- In 2016, there were 372,000 deaths and 18.9 million DALYs lost due to alcohol use in the Americas, representing 5.4% of all deaths and 6.7% of all DALYs lost
- This means that more than 1 out of every 20 deaths, and about every 15th year of life lost to either premature death or due to living with disabilities, was due to alcohol
- As seen by these statistics, alcohol use is a significant risk factor, and it has proportionally more effects earlier in life
- And, proportionally, alcohol has become a more important risk factor over the past decades.



Alcohol-attributable deaths by age and cause of death

Why alcohol labelling?

- a) Alcohol causes premature death and disability.**
- b) Alcohol is a carcinogen and a toxic substance.**
- c) Consumers have a right to information on the content of products**
 - Ingredients in products
 - Nutritional information (e.g., caloric intake)
 - Health information
- d) There is emerging evidence on the effectiveness of alcohol-labelling effectiveness, and strong evidence for the effectiveness of nutrition and tobacco labelling to build upon.**

Label characteristics: size matters!

- Should include **graphics, revolving/novel text messaging**, and be **prominently placed** on the **front** of packaging (tobacco, food), **font size > 10**

Label use comprehension: (user comprehension is lower when message is too complex)

- Should include **clear, direct, short messages** to enhance the likelihood of comprehension
- Eliminates the need for the user to **perform calculations** from content list/ingredients (e.g., converting % ABV into standard drinks)

Label effects: effective labelling works

- Labels can **influence knowledge & attitudes** about health aspects of products
- Labels can influence **changes in health behaviour**

WHO paper with recommendations LABELS should:

- Be **placed** in a **standard location** on the container
- Be **sized as a minimum percentage** of the container's size
- Have **text** which **rotates** through a series of **different messages**
- Have **text clearly separated** from other text on the container;
- Have **text** in **capital letters** and **bold type**, on a **contrasting background**
- Have **text** in the **official language of country** where the product is sold;
- Include informational images from ongoing education campaigns; and
- **Messages** be based on **advice** from **public health bodies**

So, it's easy: just change the law and you will achieve all this.

The example of Thailand.

#1
Pictorial
warning
labelling
law

WORLD TRADE
ORGANIZATION

G/TBT/N/THA/332
21 January 2010

(10-0306)

Committee on Technical Barriers to Trade

Original: English

NOTIFICATION

The following notification is being circulated in accordance with Article 10.6

1. Member to Agreement notifying: THAILAND
If applicable, name of local government involved (Article 3.2 and 7.2):



Alcohol consumption
could lead to liver cirrhosis



Alcohol consumption could
lead to inferior sexual
performance



Alcohol consumption could
alter consciousness & lead to
mortality



Alcohol consumption is an improper
model for children & youth

Thailand alcohol labelling regulations

#1

**Pictorial warning
labelling law**

[notified on 21 Jan 2010]

"Draft Notification of the Alcohol Control, Re: Control,
Due to concerted international pressure, department of Disease Control needed to stop progressing this law (**for the time being**).

The law is on the process of redesigning since 2010 until present!

#2

**Condition for alcohol
labels law
(e.g. no false
statements, no
exaggerations)**

[notified on 28 Mar 2014]

✓ Adopted on 8 Jan 2015, & fully implemented on 22 Oct 2015.
The technical document was written to facilitate producers how to comply with the law.

However, the regulations has been a specific trade concern agenda at TBT (Technical Barriers to Trade) meetings for several years

How about Europe? Objectives of the HEN Review

1 Current alcohol-labelling practice in the WHO European Region:

Nutritional information labelling	Health information labelling
<ul style="list-style-type: none">• list of ingredients on label• list of nutritional values on label	<ul style="list-style-type: none">• any health/harm-related messages on label• specification of messages (e.g. size and visibility).

Legislation

Industry-Led Voluntary Commitments

Implementation/Monitoring

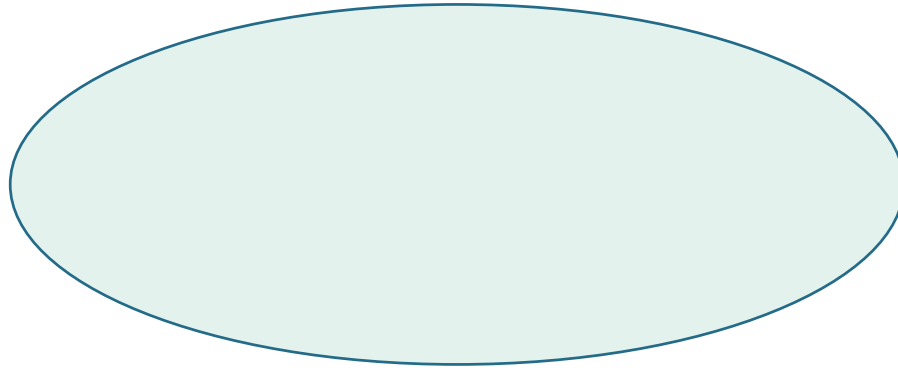
2 Barriers and facilitators to development & implementation of alcohol-labelling policy

Methodology

- Systematic review of peer-reviewed and grey literature in 53 countries (countries in the WHO European Region)
- 6,988 documents screened  124 documents included
- Includes information up to mid-2019

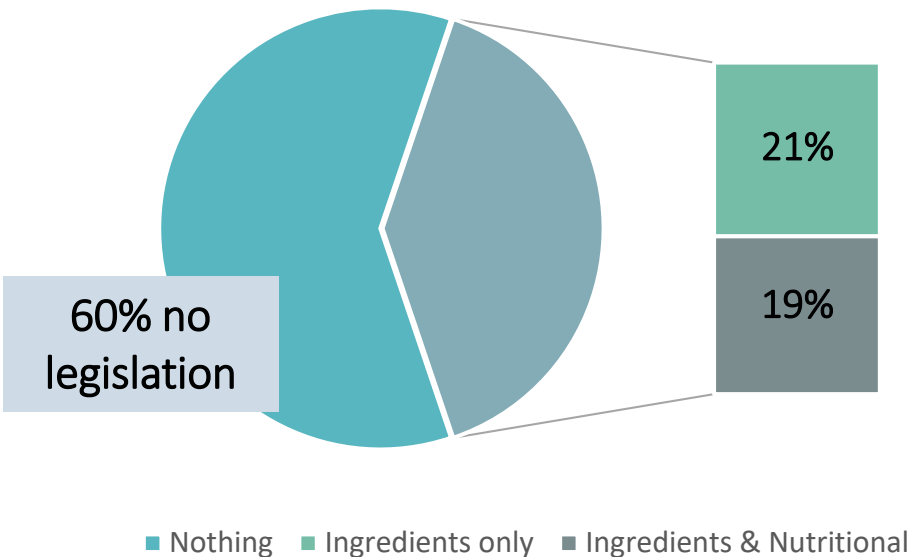
Results:

Legislation

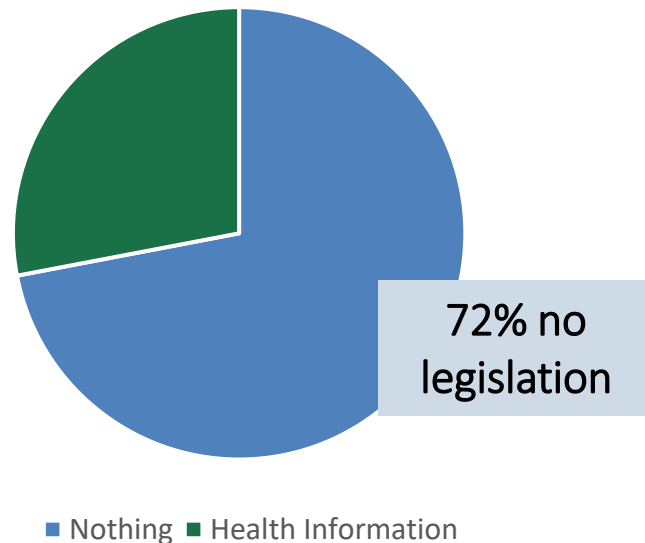


Legislation on ingredients, nutritional and health information labelling in WHO EURO

Ingredient & Nutrition Labelling



Health Labelling



Legislation on health information labelling

15 (28%) of WHO EURO countries has health information labelling legislation

Non-EU (44%):

Armenia*, Belarus*, Israel, Kazakhstan*, Kyrgyzstan*, Norway*, Republic of Moldova*, Russian Federation, Turkey, Turkmenistan*, Uzbekistan

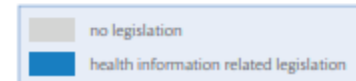
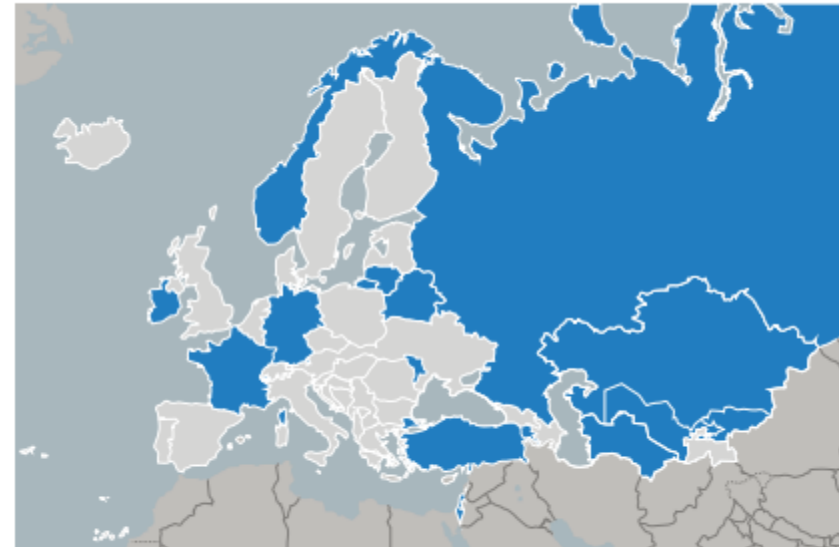
EU (14%):

France, Germany, Ireland*, Lithuania

* Legislation passed in 2018 or later and in most cases is not yet implemented

In **8** out of 15 countries, legislation is recent and is **not yet implemented**

Fig. 2. Member States with health information legislation on alcohol labels



Existing health messages

Harm to health

(1)

- **“Alcohol is not for children and teenagers up to age 18, pregnant and nursing women, or for persons with diseases of the central nervous system, kidneys, liver, and other digestive organs.”** (Russian Federation)
- **“Alcoholic beverages are harmful to your health!”** (Turkmenistan)
- **“Excessive consumption of alcohol is dangerous to your health.”** (Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russian Federation)
- **“The excessive consumption of alcoholic beverages leads to severe diseases of the human nervous system and internal organs.”** (Uzbekistan)
- **“Warning: Excessive consumption of alcohol is life threatening and is detrimental to health.”** (Israel)

Existing health messages

(2)

Text messages

Pictograms

Pregnancy

- **“Consumption of alcoholic beverages during pregnancy, even in small amounts, can have serious consequences for the child’s health”** (France)



France,
Republic of
Moldova,
Turkey,
Lithuania

Underage

- **“Sale is prohibited to persons under 18 under § 9 of the Youth Protection Act”** (Germany)



Turkey

Other

- **“Alcohol is not your friend”** (Turkey)
- **“Warning: Contains alcohol - it is recommended to refrain from excessive consumption”** (Israel)



Turkey

Summing up: Legislation for Alcohol Labelling

Only 9 of WHO EURO countries have all 3: ingredients, nutritional values and health labelling legislation

Majority that have legislation are non-EU countries

Many of the legislations are recent and have not yet been implemented

Existing messages are not fully aligned with WHO recommendations

Gap in including specifications of type and format of message in the legislations

Results

Industry-led voluntary commitments



Industry-led commitments: HEALTH information labelling

- In **2013**, the world's biggest beer, wine, and spirits producers made a joint **commitment to reduce the harmful use of alcohol**
- The most recent commitments at EU level **do not include health information**
- Health information labelling commitments are **company-driven**, seen in-country and only include: “**pictograms related to pregnancy, underage drinking and drink-driving**”
- There is also **lack of specification** regarding the presentation of the message (precise size and visibility of pictograms), **and a lack of information** regarding the methodology used to monitor these commitments

Results:

What is being implemented?

Independent
monitoring



2 Independent monitoring is key: GFK EU report

Presence of HEALTH messages in 25,740 audited alcohol products in 14 European countries

Type of message	Warning pregnant women	Information about units/grams	Legal age limits	Drinking in moderation	Drinking and driving	At least 1 of the messages
Beer	11%	2.5%	1.5%	4.5%	2%	14%
Wine	19%	2%	0.0%	2%	0.1%	19%
Spirit	13%	1%	2%	4.5%	0.1%	15%
Other (alcohops)	8%	4.5%	1%	7%	0.1%	10%
Overall	17%	2%	1%	3%	1%	17%

Even when legislation exists, there is not 100% compliance

Where voluntary commitments are in place, there is lower-than-average compliance



**Conclusions
for the development of successful
alcohol labelling**

1. Regulations should include:

- Requirement to display **all NUTRITION, INGREDIENT and HEALTH** information
- Specific **directions for how all the information should be presented on the labels**, as per WHO recommendations

2. Labels should include

1. Nutritional values and list of ingredients

2. The harm done by alcohol relevant to:

- The entire population: cancer
- Specific groups: pregnancy-related harm, harm to minors,
- Drink-driving warnings
- Lower-risk drinking guidelines clearly noted in the form of standard drinks (where applicable)

3. Succinct and clear messages backed by the strongest evidence

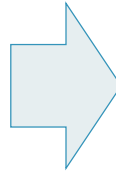
Lessons learned & a call for action!

Alcohol-labelling measure (*as well as food-, & tobacco-labelling measures*) is **always contested by the Technical Barriers to Trade Committee**

(Other alcohol policies are also affected by many other international trade rules) --

Trade policies can pose significant threats for public health policy initiatives.

*“Alcohol consumption is **a health barrier**, whereas alcohol policy can sometimes be **a trade barrier**.”*



Strengthen capacity of health sector to be effective in working with **trade sector** -- in order to minimize undue impacts of trade policy on public health

Learn more about **logic behind the trade rules & likely objections** to be better prepared in defending the implementation of an alcohol policy

Advocate for **greater policy coherence** between trade & health policy

Another example, this time from our region: Yukon

- This was not law -> this was a measly research study
- But it was obviously threatening enough to industry that ***Warning labels on alcohol in Yukon removed after pushback from liquor companies***
- Resulted in a lot of negative PR for the alcohol industry
- And at least we know that labels can work:

Results (Hobin et al., 2020):

Two months after the cancer label was placed: unprompted (+24.2% vs. +0.6%; adjusted odds ratio [AOR] = 32.7, 95% CI [5.4, 197.7]) and prompted (+35.7% vs. +4.1%; AOR = 6.2, 95% CI [3.6, 10.9]). Recall increased to a greater extent in the intervention versus comparison site.

There was a 10% greater increase in knowledge (+12.1% vs. +11.6%; AOR = 1.1, 95% CI [0.7, 1.5]) 2 months after the cancer label was placed in the intervention versus comparison site.

Similar results were found 6 months after the cancer label was placed for all 3 outcomes.

Other results: increased support for alcohol policy (JSAD issue 2020)!

CHIEF MEDICAL OFFICER
OF HEALTH ADVISES
MISE EN GARDE DU MÉDECIN
HYGIÉNISTE EN CHEF

**Alcohol can
cause cancer**

including breast and
colon cancers

**L'alcool peut
causer le cancer**

y compris le cancer du
sein et du côlon

INFO: WWW.YLC.YK.CA/LABELS
HELP/AIDE: 1-855-667-5777

Thank you

<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>